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# ANSACTIONS the Canadian Dental Association



## DÉLIBÉRATIONS de l'association dentaire canadienne

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INTERIM AND ANNUAL MEETINGS  
BOARD OF GOVERNORS  
APRIL 8-9 AND SEPTEMBER 21-22

**1984**

ASSEMBLÉES INTÉRIMAIRE ANNUELLE  
DU CONSEIL DES GOUVERNEURS  
LES 8-9 AVRIL ET LES 21-22 SEPTEMBRE

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INTERIM

MEETING

BOARD OF GOVERNORS

CANADIAN DENTAL ASSOCIATION

MONTREAL, QUEBEC

April 8-9

1984



## AVANT-PROPOS

Le présent document contient le compte-rendu des travaux des assemblées, provisoire et annuelle, du Bureau des gouverneurs de l'Association dentaire canadienne, qui ont eu lieu respectivement les 8 et 9 avril 1984, à Montréal (Québec), et les 21 et 22 septembre de la même année, à Ottawa, (Ontario).

Tous les membres de l'Association dentaire canadienne sont bienvenus à ces assemblées auxquelles ils peuvent participer.

Les rapports des conseils et des sections ainsi que d'autres documents sont présentés au cours de séances publiques. Le président peut permettre aux membres de l'Association de s'exprimer sur diverses questions mais seuls les gouverneurs ont droit de vote.

### Assemblée provisoire

*Les textes inscrits en italique dans les rapports des conseils et des sections, ou à la fin, présentent les observations et les actes posés par le Bureau des gouverneurs.*

### Assemblée annuelle

Les textes inscrits en caractère gras dans les rapports des conseils et des sections, ou à la fin, présentent les observations et les actes posés par le Bureau des gouverneurs.

Les Actes de l'ADC ont pour objet de fournir aux membres un compte-rendu des orientations et des décisions prises par le Bureau des gouverneurs ainsi que des travaux des conseils et des sections de l'Association.



## FORWARD

This book provides a record of the business transacted at the Interim and Annual Meetings of the Board of Governors of the Canadian Dental Association, at Montreal, Quebec on April 8-9, and Ottawa, Ontario September 21-22, 1984 respectively.

All members of the Canadian Dental Association are welcome to attend and to participate in the meetings of the Board of Governors.

During the sessions, reports of Councils and Sections, etc., are brought to open sessions of the Board, and, although the Chairman may permit any member to speak on any issue, only Board members may vote.

### Interim Meeting

*Words appearing in italics both within the body and at the end of the Council or Section Reports constitute the comments and actions of the Board of Governors.*

### Annual Meeting

**Words appearing in bold both within the body and at the end of the Council or Section Reports constitute the comments and actions of the Board of Governors.**

The purpose of the C.D.A. TRANSACTIONS is to provide members with a record of the policies and decisions of the Board of Governors and the work of the Association's Councils and Sections.



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### CDA STAFF

P. Cunningham, Information Officer  
C. Hackland, Editor  
C. Metcalfe, Editor  
J. Scrimger, Director of  
Administration

S. Deziel, Assistant to Executive  
Director  
B. Henderson, Director of Accreditation  
L. Teteruck, Director of Educational  
Services

### OBSERVERS

#### NAME

#### AFFILIATION

|                 |                                                          |
|-----------------|----------------------------------------------------------|
| I.C. Bennett    | Dalhousie University                                     |
| J. Blackmer     | New Brunswick Department of Health                       |
| M. Boucher      | Ordre des dentistes du Quebec                            |
| K.D. Butler     | Canadian Dental Services Plans Inc.                      |
| C. Covit        | Association des chirurgiens dentistes du Quebec          |
| J.M. Creighton  | Nova Scotia Dental Association                           |
| K.L. Croft      | College of Dental Surgeons of British Columbia           |
| T. Curry        | Dept. of Social Services & Community Health Alberta      |
| S. Dauphin      | Associations des chirurgiens dentistes du Quebec         |
| S. Doshi        | Newfoundland Department of Health                        |
| J. Dufour       | Ministere des Affaires Sociales Quebec                   |
| G.S. Foster     | Alberta Dental Association                               |
| C. Gallant      | Canadian Dental Services Plans Inc.                      |
| J.C. Gillies    | Ontario Dental Association                               |
| A. Gonshor      | Canadian Association of Oral & Maxillofacial<br>Surgeons |
| T. Howith       | McCay, Duff & Company                                    |
| T. Hetcher      | Manitoba Dental Association                              |
| I. Kleysteuber  | National Dental Examining Board                          |
| G. Kravis       | National Dental Examining Board                          |
| N.J. Layton     | National Dental Examining Board                          |
| G. Lovely       | Dalhousie University                                     |
| B.P. Martinello | Alberta Dental Association                               |
| C.H. McCormick  | Manitoba Department of Health                            |
| R.H. McIntyre   | Manitoba Dental Association                              |
| L. Mowat        | Canadian Dental Hygienists' Association                  |
| D.V. Pamenter   | Nova Scotia Dental Association                           |
| M. Pelletier    | Canadian Dental Hygienists' Association                  |
| D.K. Peters     | Canadian Fund for Dental Education                       |
| J.M. Phillips   | Canadian Society of Endodontics                          |
| C. Price        | Canadian Academy of Oral Radiology                       |
| F.P. Pulver     | Canadian Academy of Paedodontics                         |
| W.P. Reed       | College of Dental Surgeons of Saskatchewan               |
| K.L. Roach      | Ontario Dental Association                               |
| J. Russell      | Newfoundland Department of Health                        |
| A. Schwartz     | University of Manitoba                                   |
| P. Suprenant    | Canadian Association of Oral & Maxillofacial<br>Surgeons |
| G. Thompson     | Association of Canadian Faculties of Dentistry           |
| J.G. Thompson   | New Brunswick Dental Society                             |
| A. Tremblay     | Association des chirurgiens dentistes du Quebec          |





## CANADIAN DENTAL ASSOCIATION

### BOARD OF GOVERNORS

#### OFFICERS & OFFICIALS

Chairman of the Board of Governors

N. A. Mancini

#### EXECUTIVE COUNCIL

R. N. Hicks, President

C. Chicoine

T. E. Ramage

P. R. Crawford, President-elect

B. W. Holmes

J. Robertson

W. R. Thompson, Past President

J. W. Niedermayer

D. L. Thompson

Executive Director: H. E. Drouin

#### BOARD OF GOVERNORS

##### ALBERTA:

E. F. Allison  
D. L. Thompson

##### NEWFOUNDLAND

G. Anthony

##### PRINCE EDWARD ISLAND

J. Robertson

##### BRITISH COLUMBIA:

M. J. R. Leitch  
R. J. Markey  
T. E. Ramage  
J. G. Silver

##### NOVA SCOTIA:

J. Christie

##### QUEBEC:

C. Chicoine  
Y. Giguère

##### MANITOBA:

G. D. Solmundson

##### ONTARIO:

R. J. Bell  
B. H. Dolansky  
B. W. Holmes  
W. G. Leggett  
R. R. Schiewe  
D. B. Smith

##### SASKATCHEWAN:

J. W. Niedermayer

##### CDN. FORCES DENTAL SERVICES

J. N. Wright

##### NEW BRUNSWICK:

R. A. Turcotte

##### STUDENT REPRESENTATIVE:

E. Busvek

##### HEALTH & WELFARE:

D. G. Ross

##### VETERANS AFFAIRS:

J. S. Tsafaroff

Recording Secretary: Mrs. L. Emmerson

#### COUNCIL CHAIRMEN

R. Y. Barolet (Dental Materials &  
Devices)

G.R. Thordarson (Ethics)  
Insurance & Investment (appointed)

J. H. Gryfe (Hospital Services)

H. W. Horsman (Health Care)

T. Barker (Student Affairs)

Y. Kamachi (Information Services)

G. H. Peacock (Constitution & By-laws)

K. C. Bentley (Education)

W.R.Thompson (Nominations)

# LEGEND

April 1984

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## EXECUTIVE

### REPORT OF THE EXECUTIVE COUNCIL TO THE 1984 INTERIM BOARD OF GOVERNORS

Members: Dr. R. N. Hicks, Vancouver, Chairman  
Dr. C. Chicoine, Montreal  
Dr. P. R. Crawford, Winnipeg  
Dr. B. W. Holmes, Kenora  
Dr. J. W. Niedermayer, Regina  
Dr. T. E. Ramage, Vancouver  
Dr. J. Robertson, Summerside  
Dr. D. L. Thompson, Calgary  
Dr. W. R. Thompson, Trenton

#### Council Meetings

Since the last Board of Governors meeting in September, 1983, the Executive Council has met on three occasions -- September 27, 1983, November 4-5, 1983, and February 24-25, 1984.

#### Business Requiring Board Action

##### Audited Financial Statements - Canadian Dental Association

The Audited Financial Statements for the Canadian Dental Association were reviewed and explanatory notes are appended for information.

APPENDIX A

#### *RESOLVED:*

84.1 *THAT the Audited Financial Statement  
for the Canadian Dental Association  
for the fiscal year ending December 31,  
1983 be adopted.*

ADOPTED

##### Audited Financial Statements - Canadian Dental Research Foundation

Following a review of the Audited Financial Statements for the Canadian Dental Research Foundation.

APPENDIX B

#### *RESOLVED:*

84.2 *THAT the Audited Financial Statements for the  
Canadian Dental Research Foundation for the  
fiscal year ending December 31, 1983 be  
adopted.*

ADOPTED

---

Business Requiring Board Action - cont'd.Membership Fee Increase

RESOLVED:

84.3

*WHEREAS the surplus position of the Association is quite favourable it is anticipated that increased costs and program activity will level off and that a 4.4% increase will assist in ensuring a continued balanced budget,*

*THAT an increase in membership fees from \$225.00 to \$235.00 for the year 1986 representing a 4.4% increase be approved and that the associate fee be increased by the same percentage.*

ADOPTED

Entitlements - Honourary Members - Past-Presidents

The entitlements for Honourary Members and Past-Presidents of the CDA were reviewed.

RESOLVED:

84.4

*THAT WHEREAS expanded entitlements were extended to honorary members and Past-Presidents during the 1983 Convention and that this action was deemed to be most appropriate*

*THAT the policy for honorary members be expanded to provide for full convention registration including social tickets, and*

*THAT the policy for Past-Presidents be expanded to provide the same privileges as honorary members.*

ADOPTED

FDI Delegates

RESOLVED:

84.5

*THAT the two CDA delegates to the 1984 FDI Congress in Helsinki be Dr. R.N. Hicks and Dr. P.R. Crawford and in addition*

---

Business Requiring Board Action - cont'd.FDI Delegates (cont'd.)RESOLVED:

84.5            *WHEREAS Dr. W. R. Thompson has been elected to the Council of the Federation Dentaire Internationale and thereby his expenses are only partially covered by the FDI*

*THAT Dr. W. R. Thompson's expenses be funded to a level commensurate with the delegate's expenses.*

ADOPTED

1983 CDA Convention - VancouverRESOLVED:

84.6            *THAT the CDA Board of Governors extend to Dr. T. E. Ramage, his organizing committee and Miss Linda Teteruck sincere thanks for the highly successful 1983 CDA Convention in Vancouver.*

ADOPTED

Ad Hoc Committee on Hospital Services

Dr. B. W. Holmes assumed the responsibility of Chairman of the Ad Hoc Committee on Hospital Services following a request from Dr. D. E. Williams that he be released from this responsibility. Dr. W. R. Thompson has also joined the Ad Hoc Committee as a member. The report of the Ad Hoc Committee is appended.

APPENDIX C

RESOLVED:

84.7            *THAT the recommendations of the Ad Hoc Committee on Hospital Services as set forth in the appended report be approved including item "x" as amended - Appendix C.*

ADOPTED

Management Committee

The Management Committee has reviewed proposals from three firms of architects providing estimated costs to (1) install an elevator and related office modifications at the CDA building in Ottawa and (2) to negotiate on CDA's behalf with the NCC for the acquisition of land and necessary construction for a parking lot.

---

Business Requiring Board Action - cont'd.

The firm of Pye Richards has been requested to meet with Dr. W. R. Thompson and Mr. Drouin to prepare a more detailed submission for consideration by the Board. A detailed presentation has been developed for consideration by the Board outlining schematics, cost, reasons for need, and method of funding. This presentation will take place during the April meeting following which the Board is asked to consider the following motions:

RESOLVED:

84.8

*THAT the Board approve installation of an elevator in the CDA headquarters at a cost not to exceed \$150,000.*

*THAT the Executive Council be authorized to negotiate the purchase of land adjacent to the north side of the CDA headquarters building for the purpose of parking facilities*

*THAT the Board approve refinancing of the CDA mortgage to include the cost of the installation of the elevator and the purchase of the land adjoining CDA headquarters.*

ADOPTED

CDIP Plans Audit

The audited statement of receipts and Disbursements for the CDIP plans for the year 1982 have been reviewed by Executive Council and

RESOLVED:

84.9

*THAT the audited statement of Receipts and Disbursements for the CDIP Plans for the year 1982 be approved.*

APPENDIX D

*THAT the Board approve the appointment of the firm of Millard, Deslauriers & Shoemaker as auditors for the CDIP Plan for the year 1983.*

ADOPTED



---

Business Requiring Board Action - cont'd.Assignment

Executive Council completed a review of documentation on assignment considering input from Corporate Members. At the request of Executive Council Dr. David Sage, Chairman of the Committee on Dental Programs and Services of the Council on Health Care has further reviewed available material on this subject and has prepared the appended report on the matter, entitled "Assignment of Benefits -- Its Problems & Effects on Dentistry in Canada".

APPENDIX E

RESOLVED

84.10

*THAT the CDA reaffirm its present statement on Assignment as set out in the document entitled "CDA Policies and Guidelines on Prepaid Dental Plans" whereby it states that the Canadian Dental Association is opposed to the principle of assignment.*

ADOPTED

Committee on Dental Insurance

Executive Council has reviewed the terms of reference of the Subcommittee on Dental Programs and Services of the Council on Health Care. Specifically matters relative to third party involvement, CDA Policy and Guidelines re Prepaid Dental Plans, relations with the Canadian Health & Life Insurance Association were reviewed.

Executive Council has identified the need for a central, identifiable body with close liaison to the Executive Council and therefore

RESOLVED:

84.11

*THAT an Ad Hoc Committee of Executive Council be formed to study and report on future structure and CDA's role in assisting its members in their interactions with third party agents*

ADOPTED

---

Business Requiring Board Action - cont'd.Definitions, Guidelines and PoliciesRESOLVED:

83.12

*THAT the Board accept this document as an initial draft and send it back to staff for a final draft taking into account the remarks at today's board meeting for presentation in September.*

APPENDIX F

Matters for Information - Executive Council ReportsConvention Committee1983 Annual Convention - Vancouver

The final report of the 1983 Convention Committee and the Financial Statement are appended for information.

APPENDIX G

1984 Convention - Montreal

The 1984 Convention is underway with a most encouraging turnout of exhibitors and pre-registered attendees.

1985 Convention - Ottawa

Plans are progressing well for the 1985 Convention under the Chairmanship of Dr. Donald O'Connor of Ottawa. The Convention will be held at the new National Capital Congress Centre in Ottawa, which opened recently to much acclaimed success.

1986 Convention

Mr. Hubert Drouin attended the Executive Committee meeting of the Nova Scotia Dental Association and made a presentation in connection with the hosting of the 1986 Convention. A decision from the Association is expected in the immediate future.

Task Force on Convention Policy

A Task Force on Convention Policy has been formed to plan and establish a national convention policy with the intentions of planning the future sites and dates of CDA Conventions. Members of the Committee were selected by the Management Committee and are as follows: Chairman, Dr. T. E. Ramage, Vancouver; Members: Dr. G. P. Greeves, Calgary and Dr. G. Stirling, Toronto. Miss

Matters for Information - cont'd.Task Force on Convention Policy - cont'd.

Linda Teteruck and Mr. H. Drouin are ex-Officio members.

The formation of this Task Force was deemed necessary due to the increased difficulty experienced by the CDA in securing confirmed convention sites far enough in advance to facilitate the planning and organization necessary to ensure continued success. Problems have arisen due to conflicts with provincial meetings, size and availability of convention facilities etc.

It is anticipated that the Task Force will have a presentation for consideration by the Board in September.

Editorial Board

The first edition of the CDA Journal featuring revisions to format and style was published in February. Changes relative to distribution of the Journal as approved by the Board of Governors at their last meeting were also put into effect in February, 1984. The report of the Editorial Board is appended.

APPENDIX H

Product Acceptance Committee

The report of the Product Acceptance Committee is appended for information.

APPENDIX I

Membership Committee

The report of the Membership Committee is appended for information and statistics have been updated to March 9, 1984.

APPENDIX J

Life Members were accepted by Executive Council and are listed in the appendix.

Certificates of Merit

Certificates of Merit have been approved by Executive Council for the following persons who have served as members of the Board of Governors, or who have demonstrated a high degree of service to the Canadian Dental Association:

Matters for Information - Executive Council Reports - cont'd.Certificates of Merit - cont'd.Governors

Dr. I. Margolese (Quebec)  
 Dr. David McLeod (Students)  
 Dr. G. Pitkin (Ontario)  
 Dr. K. L. Roach (Ontario)  
 Dr. E. G. Sonley (Ontario)

Others

Dr. T. E. Ramage (1983 Convention Committee)  
 Dr. Jean Laporte (Executive Council)

Letters of Appreciation

Letters of Appreciation from the President will be sent to the following persons who have served as members of Councils or Council Chairmen:

Dr. R. Bartalos (Health Care)  
 Dr. Peter Judd (Student Affairs)  
 Dr. M. Carvonis (Information Services)  
 Dr. K. M. Gordon (Hospital Services)  
 Dr. M. Gornitsky (Hospital Services)  
 Dr. R. Hurley (Student Affairs/Council on Education)  
 Dr. R. A. Janes (Health Care)  
 Dr. W. D. McDougall (Constitution & By-Laws)  
 Dr. G. W. Myers (Education)  
 Dr. D. Scramstad (Information Services)  
 Dr. E. Cree (Hospital Services)  
 Dr. G. L. Terriss (Hospital Services)  
 Dr. D. MacLeod (Health Care)

Salaried Dentists

The formation of this Committee is now complete and is comprised of the following:

|                          |                                                              |
|--------------------------|--------------------------------------------------------------|
| Brig.-Gen. J..N. Wright, | Chairman & representative<br>of federal salaried<br>dentists |
| Dean Arthur Schwartz     | representing ACFD                                            |
| Dr. R. K. Ryan           | representing salaried<br>dentists from Ontario               |

Matters for Information - Executive Council Reports - cont'd.Salaried Dentists - cont'd.

|                    |                                                  |
|--------------------|--------------------------------------------------|
| Dr. H. L. Goldberg | representing salaried dentists from Saskatchewan |
|--------------------|--------------------------------------------------|

|                    |                                                  |
|--------------------|--------------------------------------------------|
| Dr. R. A. Turcotte | representing self-employed general practitioners |
|--------------------|--------------------------------------------------|

The Chairman is collecting information in the sphere of concern and anticipates calling a meeting of the Committee in conjunction with the September meeting of the CDA Board of Governors.

Taxation Committee

The Taxation Committee has been heavily involved in the areas of Management Committee Audits and Pension Reform and the report of the Committee is appended for information.

APPENDIX K

Attendance at Meetings etc.

Since the September 1983 meeting of the Board of Governors, the President and/or his designate from the Management Committee have attended the following:

1983

|            |                                                                                      |                     |
|------------|--------------------------------------------------------------------------------------|---------------------|
| Oct. 1-4   | American Dental Association Annual Meeting                                           | Anaheim, California |
| Oct. 18    | Toronto All Societies Meeting                                                        | Toronto, Ont.       |
| Nov. 4     | Meeting John Robertson, Director General, Revenue Canada - Management Company Audits | Ottawa, Ont.        |
| Nov. 24    | Winter Clinics                                                                       | Toronto, Ont.       |
| Nov. 25-25 | ODA Board                                                                            | Toronto, Ont.       |
| Dec. 7     | Licensing Bodies Meeting                                                             | Toronto, Ont.       |
| Dec. 8     | Meeting Lyall Black, Assistant Deputy Minister, Medical Services                     | Ottawa, Ont.        |

Matters for Information - Executive Council Reports - cont'd.Attendance at Meetings etc. - cont'd.1983

|        |                                                             |              |
|--------|-------------------------------------------------------------|--------------|
| Dec. 8 | Federal/Provincial Advisory<br>Committee on Health Manpower | Ottawa, Ont. |
|--------|-------------------------------------------------------------|--------------|

1984

|            |                                                                                                                                              |                     |
|------------|----------------------------------------------------------------------------------------------------------------------------------------------|---------------------|
| Feb. 2-4   | Manitoba Dental Association<br>Annual Meeting                                                                                                | Winnipeg, Man.      |
| Feb. 21    | Ontario Health Minister's<br>presentation to House of Commons<br>Standing Committee on Health,<br>Welfare and Social Affairs                 | Ottawa, Ont.        |
| Feb. 22    | Presentation of CDA Brief re the<br>Canada Health Act to the House of<br>Commons Standing Committee on<br>Health, Welfare and Social Affairs | Ottawa, Ont.        |
| Feb. 23    | Meeting Dr. Maureen Law, Associate<br>Deputy Minister, Health & Welfare<br>Canada                                                            | Ottawa, Ont.        |
|            | Meeting, Honourable Pierre Brussi res                                                                                                        | Ottawa, Ont.        |
|            | Federal/Provincial Advisory<br>Committee on Health Manpower                                                                                  | Ottawa, Ont.        |
| Mar. 23-24 | Atlantic Provinces Executive                                                                                                                 | Saint John,<br>N.B. |

Appointment to Executive Council

Dr. Claude Chicoine has been appointed by the President to fill the unexpired term of Dr. Jean Laporte on Executive Council.



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Matters for Information - cont'd.FDI

Executive Council extends its congratulations to Past-President, Dr. William R. Thompson, who was elected to the FDI Council at the 1983 Dental Congress in Tokyo. The election of Dr. Thompson will considerably improve Canada's profile at FDI in the future.

A Committee has been formed consisting of Dr. W.R. Thompson and Mr. Hubert Drouin relative to the planning for the proposed 1991 FDI Congress in Montreal. Background information and a specific proposal will be prepared for the consideration of the Board of Governors in September.

Manpower Supply Study Update

The update of the CDA's Manpower Supply Study is underway and questionnaires have been sent to Corporate Members, Licensing Bodies and Educational Institutions for completion. The CDHA will also be contacted with regard to input. It is anticipated that an update report will be available some time late in May 1984.

WHO Proposal for Training Dental Therapists  
for Third World Countries

A proposal to bring Mozambicans to the Dental Therapy School in Prince Albert for training purposes under the WHO International Collaborative Oral Health Development Program (ICOHDP) was brought to the attention of Executive Council at its November, 1983 meeting.

Several meetings were held with officials of WHO during the FDI Conference in Tokyo. CDA's position regarding this proposal was also re-iterated by official correspondence to Dr. Barmes, Chief, Oral Health, WHO stating that only programs involving training in Mozambique would be favourably considered by the Association. On December 8, 1983 a meeting was held with Dr. Lyall Black, Assistant Deputy Minister, to determine Medical Services position on the proposal and written assurance was subsequently received indicating that the Department of Health & Welfare had no definite proposals in consideration for training programs in developing countries such as Mozambique.

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Matters for Information - cont'd.CDA/QDSA Participation Agreement

Executive Council reviewed the matter of the CDA/QDSA Participation Agreement and the failure of the QDSA to sign the Participation Agreement containing the exclusion clause. It was agreed by Executive Council that the QDSA could sign the Participation Agreement for 1984 and opt out of the Malpractice Insurance and Office Content clauses. Dr. Chicoine, President and Executive Director of the QDSA has indicated that this is the action that will be taken by the QDSA. Correspondence between the Presidents of the CDA and QDSA relative to this matter is included in this appendix.

APPENDIX L

Canada Health Act

CDA President, Dr. Robert N. Hicks, made a presentation of CDA's Brief relative to the Canada Health Act to the House of Commons Standing Committee on Health Welfare and Social Affairs on February 22, 1984. Consultation and input had been received from various Corporate Members prior to the finalizing of CDA's Brief. Following the presentation, and as requested in the Brief, the CDA was asked for input with regard to the Regulations relevant to dentistry and to Section 2 of the Act.

The CDA's Brief and comments on the Regulations and Section 2 are appended for information.

APPENDIX M

Federal/Provincial Advisory Committee on Health Manpower

President-elect Dr. P. Ralph Crawford attended the Federal/Provincial Advisory Committee on Health Manpower held in Ottawa on December 8, 1983 and was accompanied to the meeting by Brian Henderson. During the meeting a presentation was made by the CDHA. Notes prepared regarding this meeting are appended.

APPENDIX N

Moratorium on the Accreditation of Dental Hygiene Programs in Quebec

Executive Council has requested that members from both the Council on Education and the Council on Health Care meet at the time of the 1984 Convention to review the Moratorium on the accreditation of dental hygiene programs in Quebec, the status of portability in the auxiliary area and special problems vis a vis accreditation of dental hygiene programs in Ontario. Mr. Henderson will provide the staff support for this meeting.

Matters for Information - cont'd.Moratorium on the Accreditation of Dental Hygiene  
Programs in Quebec (cont'd.)MOTION TABLED AT SEPT. 1983 MEETING

84.13

*THAT the Council on Education recommends to the Board of Governors that the moratorium on dental hygiene program accreditation in Quebec be lifted to permit the survey of dental hygiene programs for traditional duties only since the accreditation status of five programs will expire in June, 1984.*

ADOPTED

*(A negative vote from the Province of Quebec is recorded.)*

Task Force on the Allocation of Health  
Care Resources

Executive Council reviewed correspondence from the Chairman of the Task Force on the Allocation of Health Care Resources in which it was requested that the CDA give favourable consideration to making a submission.

Executive Council also reviewed correspondence received from Corporate Members who have attended Task Force hearings to date.

It was the decision of Executive Council that the CDA would be remiss if the opportunity for input to the Task Force was overlooked. President-elect, Dr. P. Ralph Crawford and Past-President, Dr. William R. Thompson will present a brief to the Task Force in Ottawa on March 30th.

Council Reports

The Executive Council has reviewed Council reports as appended and other matters which require Board action follow therein.

Respectfully submitted

Robert N. Hicks, D.D.S., M.S.  
Chairman  
Executive Council

ADOPTION OF REPORT

*The Board of Governors receives the report of the Executive Council with appreciation.*

CANADIAN DENTAL ASSOCIATION  
FINANCIAL STATEMENTS  
DECEMBER 31, 1983

# McCAY, DUFF & COMPANY

CHARTERED ACCOUNTANTS

JOHN W. FRANKLIN, C.A.  
THOMAS W. HOWARTH, C.A.  
BRYAN E. SULLIVAN, C.A.  
ALBERT G. MONSOUR, B.ADMIN. C.A.  
BLAIR E. DAVIDSON, B.COMM. C.A.

CONSULTANT - ELDREN E. MCCONNELL, C.A.

330 McLEOD ST.  
OTTAWA, ONT.  
K2P 2C5  
PHONE: 236-2367

## AUDITORS' REPORT

To the Members,  
Canadian Dental Association.

We have examined the balance sheet of the Canadian Dental Association as at December 31, 1983 and the statements of members' equity, revenue and expenses, revenue and expenses and equity for the Library Trust Fund and the Grieve Memorial Lectureship Fund and changes in financial position for the year then ended. Our examination was made in accordance with generally accepted auditing standards, and accordingly included such tests and other procedures as we considered necessary in the circumstances.

In our opinion, these financial statements present fairly the financial position of the Association as at December 31, 1983 and the results of its operations and the changes in its financial position for the year then ended in accordance with generally accepted accounting principles, except as disclosed in note 1(b), applied on a basis consistent with that of the preceding year.

*McCay Duff & Co*

Chartered Accountants.

Ottawa, Ontario,  
January 23, 1984.

## CANADIAN DENTAL ASSOCIATION

## BALANCE SHEET

AS AT DECEMBER 31, 1983

|                                                | ASSETS                       | 1983               | 1982               |
|------------------------------------------------|------------------------------|--------------------|--------------------|
| CURRENT                                        |                              |                    |                    |
| Cash                                           |                              | \$ 995,962         | \$1,062,441        |
| Cash - Building Contingency Fund               |                              | 20,800             | -                  |
| Deposit certificate                            |                              | 500,000            | -                  |
| Accounts receivable                            |                              | 78,840             | 61,399             |
| Inventory (note 1)                             |                              | 39,348             | 40,202             |
| Prepaid expenses                               |                              | 90,393             | 36,611             |
|                                                |                              | <u>1,725,343</u>   | <u>1,200,653</u>   |
| FIXED (notes 1 and 2)                          |                              | <u>1,303,200</u>   | <u>1,353,140</u>   |
|                                                |                              | <u>3,028,543</u>   | <u>2,553,793</u>   |
|                                                | TRUST ASSETS                 |                    |                    |
| Cash                                           |                              | 61,742             | 58,495             |
| Bonds and deposit certificate                  |                              | 1,000              | 5,343              |
| Library books and furniture (at nominal value) |                              | <u>1</u>           | <u>1</u>           |
|                                                |                              | <u>62,743</u>      | <u>63,839</u>      |
|                                                |                              | <u>\$3,091,286</u> | <u>\$2,617,632</u> |
|                                                | LIABILITIES                  |                    |                    |
| CURRENT                                        |                              |                    |                    |
| Accounts payable                               |                              | \$ 110,879         | \$ 70,839          |
| Deferred revenue                               |                              | 595,577            | 542,600            |
| Current portion of long term debt              |                              | 18,000             | 6,000              |
|                                                |                              | <u>724,456</u>     | <u>619,439</u>     |
| LONG-TERM DEBT (note 3)                        |                              | 404,387            | 430,387            |
|                                                | MEMBERS' EQUITY              |                    |                    |
| SURPLUS                                        |                              | 1,018,887          | 587,214            |
| EQUITY IN FIXED ASSETS                         |                              | <u>880,813</u>     | <u>916,753</u>     |
|                                                |                              | <u>1,899,700</u>   | <u>1,503,967</u>   |
|                                                |                              | <u>3,028,543</u>   | <u>2,553,793</u>   |
|                                                | TRUST LIABILITIES AND EQUITY |                    |                    |
| Accounts payable                               |                              | -                  | 333                |
| Library Trust Fund                             |                              | 56,166             | 57,373             |
| The Grieve Memorial Lectureship Fund           |                              | 6,577              | 6,133              |
|                                                |                              | <u>62,743</u>      | <u>63,839</u>      |
|                                                |                              | <u>\$3,091,286</u> | <u>\$2,617,632</u> |
| Approved on behalf of the Board:               |                              |                    |                    |

\_\_\_\_\_  
President\_\_\_\_\_  
Executive Director



BALANCE SHEET  
SUPPLEMENTARY NOTES TO THE 1983 YEAR END STATEMENTS

ASSETS

|                                |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                                |          |                          |        |                          |        |                   |       |                             |        |                 |              |  |                 |
|--------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------|----------|--------------------------|--------|--------------------------|--------|-------------------|-------|-----------------------------|--------|-----------------|--------------|--|-----------------|
| Cash/Deposit Certificate:      | Cash deposits include \$995,762 in General Account; \$20,800 in Building Contingency Account; \$200 in Petty Cash and the \$500,000 Short Term Deposit Certificate, due January 3, 1984.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                                |          |                          |        |                          |        |                   |       |                             |        |                 |              |  |                 |
| Accounts Receivable:           | Amount recorded includes \$42,244 invoiced receivables net of allowance for doubtful accounts, plus accrued interest of \$14,600, outstanding payments for accreditation surveys ACFD \$11,000, \$6,800 incoming on grants from CFDE and miscellaneous outstanding 1983 membership grants and prepaid expenses.                                                                                                                                                                                                                                                                                                                                                           |                                |          |                          |        |                          |        |                   |       |                             |        |                 |              |  |                 |
| Prepaid Expenses:              | Includes amounts paid in 1983 for 1984 projects. These expenses will be rolled over into 1984 expense accounts in the new fiscal period. This accounting procedure insures the matching of program expense to budget projections.                                                                                                                                                                                                                                                                                                                                                                                                                                         |                                |          |                          |        |                          |        |                   |       |                             |        |                 |              |  |                 |
|                                | <table border="0" style="width: 100%;"> <tr> <td>Convention 1984; 1985 expenses</td> <td style="text-align: right;">\$ 4,127</td> </tr> <tr> <td>1984 membership campaign</td> <td style="text-align: right;">18,613</td> </tr> <tr> <td>1984 dental health month</td> <td style="text-align: right;">38,187</td> </tr> <tr> <td>Prepaid insurance</td> <td style="text-align: right;">3,806</td> </tr> <tr> <td>Prepaid Group Pension Study</td> <td style="text-align: right;">22,774</td> </tr> <tr> <td>Prepaid postage</td> <td style="text-align: right;"><u>2,886</u></td> </tr> <tr> <td></td> <td style="text-align: right;"><u>\$90,393</u></td> </tr> </table> | Convention 1984; 1985 expenses | \$ 4,127 | 1984 membership campaign | 18,613 | 1984 dental health month | 38,187 | Prepaid insurance | 3,806 | Prepaid Group Pension Study | 22,774 | Prepaid postage | <u>2,886</u> |  | <u>\$90,393</u> |
| Convention 1984; 1985 expenses | \$ 4,127                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                                |          |                          |        |                          |        |                   |       |                             |        |                 |              |  |                 |
| 1984 membership campaign       | 18,613                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                                |          |                          |        |                          |        |                   |       |                             |        |                 |              |  |                 |
| 1984 dental health month       | 38,187                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                                |          |                          |        |                          |        |                   |       |                             |        |                 |              |  |                 |
| Prepaid insurance              | 3,806                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                                |          |                          |        |                          |        |                   |       |                             |        |                 |              |  |                 |
| Prepaid Group Pension Study    | 22,774                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                                |          |                          |        |                          |        |                   |       |                             |        |                 |              |  |                 |
| Prepaid postage                | <u>2,886</u>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                |          |                          |        |                          |        |                   |       |                             |        |                 |              |  |                 |
|                                | <u>\$90,393</u>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                                |          |                          |        |                          |        |                   |       |                             |        |                 |              |  |                 |

TRUST ASSETS

|       |                                                                                                      |
|-------|------------------------------------------------------------------------------------------------------|
| Cash: | Amount of \$61,742 includes \$56,165 Library Trust Fund Account and \$5,577 Grieve Memorial Account. |
|-------|------------------------------------------------------------------------------------------------------|

LIABILITIES

|                                  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |            |  |                      |           |                           |        |                   |        |                                  |       |                     |              |  |                  |
|----------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------|--|----------------------|-----------|---------------------------|--------|-------------------|--------|----------------------------------|-------|---------------------|--------------|--|------------------|
| Accounts Payable:                | Increase in 1983 over 1982 reflects extraordinary amounts due for Group Pension Study and for expense of Journal layout re-format.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |            |  |                      |           |                           |        |                   |        |                                  |       |                     |              |  |                  |
| Deferred Revenue:                | <table border="0" style="width: 100%;"> <tr> <td colspan="2">Includes -</td> </tr> <tr> <td>1984 membership fees</td> <td style="text-align: right;">\$557,761</td> </tr> <tr> <td>1984 Journal subscription</td> <td style="text-align: right;">10,068</td> </tr> <tr> <td>Prepaid DATP fees</td> <td style="text-align: right;">20,232</td> </tr> <tr> <td>Prepaid Dental Health Month kits</td> <td style="text-align: right;">3,275</td> </tr> <tr> <td>Prepaid advertising</td> <td style="text-align: right;"><u>4,241</u></td> </tr> <tr> <td></td> <td style="text-align: right;"><u>\$595,577</u></td> </tr> </table> | Includes - |  | 1984 membership fees | \$557,761 | 1984 Journal subscription | 10,068 | Prepaid DATP fees | 20,232 | Prepaid Dental Health Month kits | 3,275 | Prepaid advertising | <u>4,241</u> |  | <u>\$595,577</u> |
| Includes -                       |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |            |  |                      |           |                           |        |                   |        |                                  |       |                     |              |  |                  |
| 1984 membership fees             | \$557,761                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |            |  |                      |           |                           |        |                   |        |                                  |       |                     |              |  |                  |
| 1984 Journal subscription        | 10,068                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |            |  |                      |           |                           |        |                   |        |                                  |       |                     |              |  |                  |
| Prepaid DATP fees                | 20,232                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |            |  |                      |           |                           |        |                   |        |                                  |       |                     |              |  |                  |
| Prepaid Dental Health Month kits | 3,275                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |            |  |                      |           |                           |        |                   |        |                                  |       |                     |              |  |                  |
| Prepaid advertising              | <u>4,241</u>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |            |  |                      |           |                           |        |                   |        |                                  |       |                     |              |  |                  |
|                                  | <u>\$595,577</u>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |            |  |                      |           |                           |        |                   |        |                                  |       |                     |              |  |                  |
| Current Portion/Long Term Debt:  | \$18,000 records amount of principal to be paid during 1984. Increase over 1982 reflects decision made beginning of 1983 to increase payments on principal; reducing payment term from 73 years to 25 years.                                                                                                                                                                                                                                                                                                                                                                                                                   |            |  |                      |           |                           |        |                   |        |                                  |       |                     |              |  |                  |
| Trust Liabilities & Equity:      | Records the stewardship of the funds by the Association and reports the amounts for which the Association is accountable.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |            |  |                      |           |                           |        |                   |        |                                  |       |                     |              |  |                  |

CANADIAN DENTAL ASSOCIATION  
STATEMENT OF MEMBERS' EQUITY  
FOR THE YEAR ENDED DECEMBER 31, 1983

|                                                 | <u>1983</u>        | <u>1982</u>       |
|-------------------------------------------------|--------------------|-------------------|
| SURPLUS                                         |                    |                   |
| BALANCE - BEGINNING OF YEAR                     | \$ 587,214         | \$243,720         |
| Excess of revenue over expenses<br>for the year | 395,733            | 382,052           |
| Transfer from (to) equity in<br>fixed assets    | <u>35,940</u>      | ( <u>38,558</u> ) |
| BALANCE - END OF YEAR                           | <u>\$1,018,887</u> | <u>\$587,214</u>  |
| EQUITY IN FIXED ASSETS                          |                    |                   |
| BALANCE - BEGINNING OF YEAR                     | \$ 916,753         | \$878,195         |
| Transfer from (to) surplus                      | ( <u>35,940</u> )  | <u>38,558</u>     |
| BALANCE - END OF YEAR                           | <u>\$ 880,813</u>  | <u>\$916,753</u>  |

STATEMENT OF MEMBER'S EQUITY  
SUPPLEMENTARY TO THE YEAR END FINANCIAL STATEMENTS

TRANSFER FROM ( TO ): In 1982 equity was increased as purchases exceeded the depreciation expense for the year.

In 1983 equity was decreased as depreciation expense was greater than fixed asset purchases.

TRANSFER OF EQUITY 1983:

|                                                                |           |
|----------------------------------------------------------------|-----------|
| Reduction of value of fixed assets<br>( Depreciation expense ) | \$ 69,425 |
|----------------------------------------------------------------|-----------|

OFFSET BY -

|                                                                |               |
|----------------------------------------------------------------|---------------|
| Increased value of fixed assets<br>(New purchases )            | 19,485        |
| Additinal paydown of long term debt<br>( Decrease of mortgage) | <u>14,000</u> |

|                     |           |
|---------------------|-----------|
| NET TRANSFER AMOUNT | \$ 35,940 |
|---------------------|-----------|

CANADIAN DENTAL ASSOCIATION  
STATEMENT OF REVENUE AND EXPENSES  
FOR THE YEAR ENDED DECEMBER 31, 1983

|                                                 | 1983        |             | 1982        |
|-------------------------------------------------|-------------|-------------|-------------|
|                                                 | Budget      | Actual      | Actual      |
| REVENUE                                         |             |             |             |
| Fees (schedule A)                               | \$1,842,735 | \$1,902,367 | \$1,817,040 |
| Grants                                          | 39,000      | 41,994      | 37,669      |
| Journal (schedule C)                            | 413,750     | 383,743     | 359,075     |
| Publications                                    | 50,000      | 59,338      | 56,911      |
| Interest                                        | 60,000      | 115,131     | 148,881     |
| Rental                                          | 118,921     | 116,307     | 110,556     |
| Other (schedule B)                              | 28,000      | 42,488      | 28,178      |
| Annual convention                               | -           | 373,914     | -           |
|                                                 | 2,552,406   | 3,035,282   | 2,558,310   |
| EXPENSES                                        |             |             |             |
| Honoraria and per diem                          | 173,450     | 175,505     | 171,984     |
| Salaries and benefits                           | 568,028     | 557,814     | 515,940     |
| General and administration<br>(schedule D)      | 314,400     | 296,706     | 279,083     |
| Annual convention                               | -           | 350,517     | -           |
| Conferences                                     | 27,500      | 25,968      | 32,933      |
| Journal (schedule C)                            | 486,058     | 412,321     | 409,805     |
| Other publications (schedule E)                 | 68,000      | 83,207      | 68,239      |
| Institutional advertising                       | -           | -           | 1,717       |
| Travel and meetings (schedule F)                | 309,795     | 334,940     | 292,661     |
| Unbudgeted Projects (schedule F)                | -           | 20,848      | 34,984      |
| Property management                             | 271,200     | 225,900     | 234,833     |
| Dental Health Month                             | 45,000      | 30,503      | 30,649      |
| Accreditation surveys                           | 45,000      | 31,040      | 27,588      |
| Dental Aptitude Program                         | 43,500      | 56,999      | 45,848      |
| Membership campaign                             | 25,000      | 16,257      | 13,193      |
| Student affairs                                 | 11,800      | 19,885      | 15,314      |
| F.D.I. administration                           | 6,000       | 1,139       | 1,487       |
|                                                 | 2,394,731   | 2,639,549   | 2,176,258   |
| EXCESS OF REVENUE OVER<br>EXPENSES FOR THE YEAR | \$ 157,675  | \$ 395,733  | \$ 382,052  |

STATEMENT OF REVENUE AND EXPENSE  
SUPPLEMENTARY TO THE YEAR END FINANCIAL STATEMENTS

REVENUE

|           |      |                  |                                                                                                      |
|-----------|------|------------------|------------------------------------------------------------------------------------------------------|
| Grants:   | CFDE | \$26,994         | Student Conference, Table Clinic,<br>Teaching Conference and 1982<br>Validation Study.               |
|           | NDEB | <u>\$15,000</u>  | Annual grant for undergrad and post<br>graduate accreditation program.                               |
|           |      | <u>\$41,994</u>  |                                                                                                      |
| Interest: |      | \$ 76,760        | Current Account income                                                                               |
|           |      | 37,336           | Term Deposit income                                                                                  |
|           |      | <u>1,035</u>     | Building Account income                                                                              |
|           |      | <u>\$115,131</u> |                                                                                                      |
| Rental:   |      |                  | Income less than projected due to 1982 Property Management<br>Expense increasing less than expected. |

EXPENSE

|                                |                                                                                                                                                 |                             |
|--------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------|
| Conference                     | Student Conference                                                                                                                              | \$ 8,678                    |
| Expense:                       | Teaching Conference                                                                                                                             | 11,536                      |
|                                | Student Table Clinic                                                                                                                            | 5,754                       |
|                                |                                                                                                                                                 | <u>\$25,968</u>             |
|                                | CFDE Grants total                                                                                                                               | <u>\$22,543</u>             |
|                                |                                                                                                                                                 | <u>\$ 3,425</u> CDA portion |
| Property<br>Management:        | Schedule attached                                                                                                                               |                             |
| Dental<br>Aptitude<br>Program: | Schedule attached                                                                                                                               |                             |
| Student<br>Affairs:            | Production & Printing costs for<br>student posters, applications forms,<br>membership cards, newsletter, Grad kits, etc<br>includes translation | \$ 8,629                    |
|                                | Practice Management Manual                                                                                                                      | 2,755                       |
|                                | Student Receptions                                                                                                                              | 6,145                       |
|                                | Shipping                                                                                                                                        | 1,462                       |
|                                | Plaques, photography                                                                                                                            | 755                         |
|                                | Misc. supplies                                                                                                                                  | <u>139</u>                  |
|                                |                                                                                                                                                 | <u>\$19,885</u>             |
| FDI<br>Administration:         | Budget projection included cost of a mailing to<br>Former members which was not implemented in 1983.                                            |                             |

CANADIAN DENTAL ASSOCIATION  
LIBRARY TRUST FUND  
STATEMENT OF REVENUE AND EXPENSES AND EQUITY  
FOR THE YEAR ENDED DECEMBER 31, 1983

|                                                                         | <u>1983</u>     | <u>1982</u>     |
|-------------------------------------------------------------------------|-----------------|-----------------|
| REVENUE                                                                 |                 |                 |
| Interest                                                                | \$ 5,076        | \$ 8,176        |
| EXPENSES                                                                |                 |                 |
| Binding                                                                 | 117             | 55              |
| Books and furniture                                                     | 2,062           | 1,216           |
| Medline terminal                                                        | -               | 2,488           |
| Subscriptions                                                           | 4,104           | 2,446           |
| Supplies and services                                                   | <u>-</u>        | <u>2,053</u>    |
|                                                                         | <u>6,283</u>    | <u>8,258</u>    |
| EXCESS OF REVENUE OVER EXPENSES (EXPENSES<br>OVER REVENUE) FOR THE YEAR | ( 1,207)        | ( 82)           |
| Equity - beginning of year                                              | <u>57,373</u>   | <u>57,455</u>   |
| EQUITY - END OF YEAR                                                    | <u>\$56,166</u> | <u>\$57,373</u> |



LIBRARY TRUST FUND  
SUPPLEMENTARY TO THE YEAR END FINANCIAL STATEMENTS

The increased activities of the Resource Center greatly increased the expense of the program. To protect the capital amount of the fund and to be consistent with other program accounting, charges that were identified as administration cost have been re-allocated to the administration budget. This action was deemed to be more in line with the understanding of the intention of the Trust which is that the interest earned supports Library purchases.

CANADIAN DENTAL ASSOCIATION  
 THE GRIEVE MEMORIAL LECTURESHIP FUND  
 STATEMENT OF REVENUE AND EXPENSE AND EQUITY  
 FOR THE YEAR ENDED DECEMBER 31, 1983

|                                                | <u>1983</u>    | <u>1982</u>    |
|------------------------------------------------|----------------|----------------|
| REVENUE                                        |                |                |
| Interest                                       | \$ 444         | \$ 364         |
| EXPENSE                                        | <u>-</u>       | <u>-</u>       |
| EXCESS OF REVENUE OVER EXPENSE<br>FOR THE YEAR | 444            | 364            |
| Equity - beginning of year                     | <u>6,133</u>   | <u>5,769</u>   |
| EQUITY - END OF YEAR                           | <u>\$6,577</u> | <u>\$6,133</u> |

CANADIAN DENTAL ASSOCIATION  
STATEMENT OF CHANGES IN FINANCIAL POSITION  
FOR THE YEAR ENDED DECEMBER 31, 1983

|                                                      | <u>1983</u>        | <u>1982</u>      |
|------------------------------------------------------|--------------------|------------------|
| SOURCE OF FUNDS                                      |                    |                  |
| Operations                                           |                    |                  |
| Excess of revenue over expenses<br>for the year      | \$ 395,733         | \$382,052        |
| Item not requiring working<br>capital - depreciation | <u>69,425</u>      | <u>57,343</u>    |
|                                                      | 465,158            | 439,395          |
| APPLICATION OF FUNDS                                 |                    |                  |
| Purchase of fixed assets                             | 19,485             | 78,194           |
| Reduction of long-term debt                          | 14,000             | 17,707           |
| Increase in current portion of<br>long-term debt     | <u>12,000</u>      | <u>-</u>         |
|                                                      | <u>45,485</u>      | <u>95,901</u>    |
| INCREASE IN WORKING CAPITAL                          | 419,673            | 343,494          |
| Working capital - beginning of year                  | <u>581,214</u>     | <u>237,720</u>   |
| WORKING CAPITAL - END OF YEAR                        | <u>\$1,000,887</u> | <u>\$581,214</u> |

CANADIAN DENTAL ASSOCIATION  
NOTES TO FINANCIAL STATEMENTS  
DECEMBER 31, 1983

## 1. SIGNIFICANT ACCOUNTING POLICIES

## (a) Inventory

Inventory is stated at the lower of cost and net realizable value.

## (b) Depreciation

Furniture and equipment purchased subsequent to January 1, 1979 are expensed when acquired.

Depreciation is provided on the straight line basis as follows:

|                           |            |
|---------------------------|------------|
| Building                  | - 40 years |
| Building improvements     | - 5 years  |
| Furniture and equipment   | - 10 years |
| Data processing equipment | - 5 years  |

## (c) Revenue Recognition

Membership fees and subscriptions to the Journal are recognized as revenue in the year to which they apply. Grants are recognized as revenue when received.

## 2. FIXED ASSETS

|                              | 1983               |                             |                    | 1982               |
|------------------------------|--------------------|-----------------------------|--------------------|--------------------|
|                              | Cost               | Accumulated<br>Depreciation | Net                | Net                |
| Land                         | \$ 82,915          | \$ -                        | \$ 82,915          | \$ 82,915          |
| Building                     | 1,376,435          | 271,955                     | 1,104,480          | 1,138,891          |
| Building<br>improvements     | 76,820             | 47,695                      | 29,125             | 37,535             |
| Furniture and<br>equipment   | 88,309             | 70,038                      | 18,271             | 25,848             |
| Data processing<br>equipment | 84,217             | 15,808                      | 68,409             | 67,951             |
|                              | <u>\$1,708,696</u> | <u>\$405,496</u>            | <u>\$1,303,200</u> | <u>\$1,353,140</u> |

CANADIAN DENTAL ASSOCIATION  
NOTES TO FINANCIAL STATEMENTS  
DECEMBER 31, 1983

## 3. LONG-TERM DEBT

|                 | <u>1983</u>      | <u>1982</u>      |
|-----------------|------------------|------------------|
| Mortgage        | \$422,387        | \$436,387        |
| Current portion | <u>18,000</u>    | <u>6,000</u>     |
|                 | <u>\$404,387</u> | <u>\$430,387</u> |

The mortgage with Canada Trust bears interest at bank prime rate and is due in 1985.

## Schedule A.

## CANADIAN DENTAL ASSOCIATION

## SCHEDULE OF FEE REVENUE

FOR THE YEAR ENDED DECEMBER 31, 1983

|                       | <u>1983</u>        |                    | <u>1982</u>        |
|-----------------------|--------------------|--------------------|--------------------|
|                       | <u>Budget</u>      | <u>Actual</u>      | <u>Actual</u>      |
| Active and affiliate  | \$1,585,000        | \$1,618,350        | \$1,555,899        |
| Associate             | 8,500              | 10,822             | 10,025             |
| Student               | 22,800             | 22,773             | 22,241             |
| Corporate             | 136,835            | 136,271            | 132,823            |
| D.A.T. Program        | 75,000             | 93,548             | 78,352             |
| Accreditation Program | 14,600             | 20,603             | 17,700             |
|                       | <u>\$1,842,735</u> | <u>\$1,902,367</u> | <u>\$1,817,040</u> |

## Schedule B.

## SCHEDULE OF OTHER REVENUE

FOR THE YEAR ENDED DECEMBER 31, 1983

|                     | <u>1983</u>      |                  | <u>1982</u>      |
|---------------------|------------------|------------------|------------------|
|                     | <u>Budget</u>    | <u>Actual</u>    | <u>Actual</u>    |
| FDI                 | \$ 6,000         | \$ 8,954         | \$ 6,515         |
| Foreign exchange    | -                | 1,711            | 3,289            |
| Dental Health Month | 22,000           | 18,823           | 17,865           |
| Miscellaneous       | -                | -                | 509              |
| Product acceptance  | -                | 13,000           | -                |
|                     | <u>\$ 28,000</u> | <u>\$ 42,488</u> | <u>\$ 28,178</u> |

REVENUE SCHEDULES A & B  
SUPPLEMENTARY TO THE YEAR END FINANCIAL STATEMENTS

Number of CDA corporate members, 1983:

|                  |       |                      |       |
|------------------|-------|----------------------|-------|
| British Columbia | 1,766 | Quebec - ACDQ        | 1,352 |
| Alberta          | 1,165 | - ODQ                | 2,732 |
| Saskatchewan     | 333   | New Brunswick        | 219   |
| Manitoba         | 447   | Nova Scotia          | 323   |
| Ontario - ODA    | 4,030 | Prince Edward Island | 43    |
| - RCDS           | 4,763 | Newfoundland         | 130   |

Total paid memberships for 1983: Ontario - 2697, Quebec - 1267.

Accreditation program has recorded \$11,000 which has not been received as yet from ACFD, however this amount is sitting in accounts receivable and contact has been made with the parties concerned.

Foreign exchange: This amount represents payments in U.S. funds that have been calculated by the debtor with an American exchange rate which changes daily, and upon receipt in Canada the net amount is on the positive side but too minor to administer a refund.

Note: Should the amount be excessive, \$100 or over, a refund is forwarded in Canadian funds.

Revenue for Dental Health Month relates to payments received for promotion kits.

Product acceptance revenue reflects payments received from Seal of Recognition program. 1983 amount includes renewals on four existing approvals.



## Schedule C.

## CANADIAN DENTAL ASSOCIATION

## SCHEDULE OF JOURNAL OPERATIONS

FOR THE YEAR ENDED DECEMBER 31, 1983

|                                                            | <u>1983</u>   |               | <u>1982</u>   |
|------------------------------------------------------------|---------------|---------------|---------------|
|                                                            | <u>Budget</u> | <u>Actual</u> | <u>Actual</u> |
| REVENUE                                                    |               |               |               |
| Advertising                                                | \$400,000     | \$367,471     | \$344,019     |
| Subscriptions                                              | 12,750        | 15,241        | 14,444        |
| Reprints                                                   | <u>1,000</u>  | <u>1,031</u>  | <u>612</u>    |
|                                                            | 413,750       | 383,743       | 359,075       |
| EXPENSES                                                   |               |               |               |
| Agency commission                                          | 60,933        | 57,386        | 51,645        |
| Salaries and benefits                                      | 75,625        | 68,573        | 59,222        |
| Layout                                                     | 4,000         | 2,258         | 2,097         |
| Printing                                                   | 235,000       | 194,329       | 225,785       |
| Shipping                                                   | 15,000        | 14,391        | 11,959        |
| Postage                                                    | 44,000        | 16,139        | 24,640        |
| Travel                                                     | 4,500         | 5,430         | 2,276         |
| Translation                                                | 15,000        | 13,094        | 11,297        |
| Sundry                                                     | 8,000         | 23,267        | 6,207         |
| Brokerage                                                  | 500           | -             | -             |
| Circulation audit                                          | 2,500         | 1,090         | 1,000         |
| Reprints                                                   | 1,000         | 570           | 378           |
| Scientific editors                                         | 10,000        | 6,761         | 6,300         |
| Telephone                                                  | 5,000         | 4,213         | 4,984         |
| Bad debts                                                  | <u>5,000</u>  | <u>4,820</u>  | <u>2,015</u>  |
|                                                            | 486,058       | 412,321       | 409,805       |
| EXCESS OF REVENUE OVER EXPENSES<br>(EXPENSES OVER REVENUE) |               |               |               |
| FOR THE YEAR                                               | (\$ 72,308)   | (\$ 28,578)   | (\$ 50,730)   |

SCHEDULE OF JOURNAL OPERATIONS  
SUPPLEMENTARY TO THE YEAR END FINANCIAL STATEMENTS

Advertising Revenue:

|                |                  | Budgeted at      |
|----------------|------------------|------------------|
| Commercial ads | \$346,474        | \$370,000        |
| Classified ads | <u>20,997</u>    | <u>30,000</u>    |
|                | <u>\$367,471</u> | <u>\$400,000</u> |

1982 actuals increased 14% over 1981  
 1983 actuals increased 6% over 1982

Printing costs:      Accrued benefits from paperweight changes and other cost savings activities on part of editor and staff.

Postage:              1983 reflects further reduction in postal rate.

Travel expense is for Sales Manager's travel in Toronto and to Ottawa.

Sundry:              Includes new Journal layout - \$14,000 and advertising rates kits - \$4,200; printing other than Journal printing, freelance writing and photography, rates and data expense.

## Schedule D.

## CANADIAN DENTAL ASSOCIATION

## SCHEDULE OF GENERAL AND ADMINISTRATION EXPENSES

FOR THE YEAR ENDED DECEMBER 31, 1983

|                         | <u>1983</u>      |                  | <u>1982</u>      |
|-------------------------|------------------|------------------|------------------|
|                         | <u>Budget</u>    | <u>Actual</u>    | <u>Actual</u>    |
| Office equipment        | \$ 38,000        | \$ 33,276        | \$ 36,511        |
| Library                 | -                | 6,467            | -                |
| Insurance               | 10,000           | 9,580            | 8,176            |
| Stationery and supplies | 19,800           | 15,016           | 19,958           |
| Postage                 | 36,000           | 36,159           | 33,432           |
| Shipping and delivery   | 6,000            | 1,910            | 4,549            |
| Telephone               | 50,000           | 52,419           | 51,635           |
| Translation             | 12,000           | 6,050            | 8,366            |
| Data processing         | 30,000           | 28,248           | 23,767           |
| Printing                | 33,000           | 23,729           | 20,520           |
| Professional fees       | 39,000           | 40,192           | 32,790           |
| Grants                  | 25,000           | 24,614           | 24,161           |
| Press clippings         | 1,500            | 1,959            | 1,458            |
| General                 | <u>14,100</u>    | <u>17,087</u>    | <u>13,760</u>    |
|                         | <u>\$314,400</u> | <u>\$296,706</u> | <u>\$279,083</u> |

## Schedule E.

## SCHEDULE OF OTHER PUBLICATIONS EXPENSES

FOR THE YEAR ENDED DECEMBER 31, 1983

|                           | <u>1983</u>      |                  | <u>1982</u>      |
|---------------------------|------------------|------------------|------------------|
|                           | <u>Budget</u>    | <u>Actual</u>    | <u>Actual</u>    |
| Pamphlets                 | \$ 50,000        | \$ 61,457        | \$ 45,377        |
| Film distribution program | 3,000            | 4,684            | 4,533            |
| Communique                | <u>15,000</u>    | <u>17,066</u>    | <u>18,329</u>    |
|                           | <u>\$ 68,000</u> | <u>\$ 83,207</u> | <u>\$ 68,239</u> |

SCHEDULE OF GENERAL AND ADMINISTRATION EXPENSES  
SUPPLEMENTARY TO THE YEAR END FINANCIAL STATEMENTS

Shipping and delivery should be added to postage as postage amount reflects increased use of special delivery.

|          | <u>Budget amounts</u> | <u>Actuals</u>  |
|----------|-----------------------|-----------------|
| Postage  | \$36,000              | \$36,159        |
| Shipping | <u>6,000</u>          | <u>1,910</u>    |
|          | <u>\$42,000</u>       | <u>\$38,069</u> |

Printing under budget due to expectation of printing Practice Management Manual as a result the printing will be in 1984 expenses and that printing budget is liable to be understated\_

Professional fees breakdown:      Grants breakdown:

|            |                 |                   |                 |
|------------|-----------------|-------------------|-----------------|
| Legal      | \$11,773        | FDI membership    | \$14,605        |
| Audit      | 7,500           | CFDE              | 1,000           |
| Consultant | <u>20,919</u>   | CSA grant         | 8,400           |
|            | <u>\$40,192</u> | 9th Intern. Conf/ |                 |
|            |                 | Oral Surgery      | 500             |
|            |                 | Plaques & Cert.   | <u>109</u>      |
|            |                 |                   | <u>\$24,614</u> |

NOTE: The above categories will be shown on the Statement of Revenue and Expenses in 1984 as - Legal & Consultants and Grants/Sponsorship.

General Category Breakdown:

|                      |                 |                                           |
|----------------------|-----------------|-------------------------------------------|
| Photography          | \$1,055         |                                           |
| Dep'n Furniture      |                 |                                           |
| & Fixtures           | 7,577           |                                           |
| Personnel Adv.       | 406             |                                           |
| Subscriptions        | 300             |                                           |
| Misc. Office Expense | <u>7,749</u>    | - includes approx. \$3,000 staff training |
|                      | <u>\$17,087</u> |                                           |

Increase in pamphlet expense reflects increased activity.

## CANADIAN DENTAL ASSOCIATION

## SCHEDULE OF TRAVEL AND MEETINGS EXPENSES

FOR THE YEAR ENDED DECEMBER 31, 1983

|                                                   | <u>1983</u>      |                  | <u>1982</u>      |
|---------------------------------------------------|------------------|------------------|------------------|
|                                                   | <u>Budget</u>    | <u>Actual</u>    | <u>Actual</u>    |
| Board of Governors                                | \$ 44,400        | \$ 53,900        | \$ 58,249        |
| Executive Council:                                |                  |                  |                  |
| Executive Council                                 | 30,915           | 40,011           | 42,305           |
| Management Committee                              | 24,510           | 18,317           | 30,613           |
| Product Acceptance                                | 4,000            | 6,051            | 3,344            |
| Membership Committee                              | 9,540            | 7,705            | 5,602            |
| Taxation Committee                                | 2,500            | 2,559            | 135              |
| President's Expense                               | 21,300           | 27,716           | 25,729           |
| Editorial Board                                   | 5,000            | 1,799            | 3,789            |
| Liaison/convention                                | 7,335            | 8,171            | -                |
| Council on Dental Materials and Devices           | 12,420           | 6,895            | 8,332            |
| Council on Education                              | 31,745           | 51,603           | 24,755           |
| Council on Ethics                                 | 3,870            | -                | -                |
| Council on Health Care                            | 26,600           | 19,048           | 16,919           |
| Council on Hospital Services                      | 8,640            | 8,376            | 6,562            |
| Council on Student Affairs                        | 12,505           | 13,170           | 8,061            |
| Council on Information Services                   | 7,740            | 6,787            | 4,328            |
| Council on Constitution and By-laws               | 3,225            | 735              | 5,866            |
| Council on nominations                            | <u>1,000</u>     | <u>-</u>         | <u>-</u>         |
|                                                   | 257,245          | 272,843          | 244,589          |
| Staff travel                                      | 38,870           | 47,711           | 34,710           |
| Presidents' and Chief Executive Officers' meeting | 8,180            | 10,439           | 9,254            |
| Specialty Sections                                | <u>5,500</u>     | <u>3,947</u>     | <u>4,108</u>     |
|                                                   | <u>\$309,795</u> | <u>\$334,940</u> | <u>\$292,661</u> |
| UNBUDGETED PROJECTS                               |                  |                  |                  |
| Manpower Study                                    | \$ -             | \$ 1,623         | \$ 23,340        |
| Accreditation interviews                          | -                | 6,645            | -                |
| Ad Hoc Committees:                                |                  |                  |                  |
| Research                                          | -                | 1,079            | -                |
| Hospital Services                                 | -                | 10,314           | 503              |
| Salaried Dentist Study                            | -                | 1,187            | 3,617            |
| Peer Review Conference                            | <u>-</u>         | <u>-</u>         | <u>7,524</u>     |
|                                                   | <u>\$ -</u>      | <u>\$ 20,848</u> | <u>\$ 34,984</u> |

SCHEDULE OF TRAVEL AND MEETINGS EXPENSE  
SUPPLEMENTARY TO THE YEAR END FINANCIAL STATEMENTS

|                      | 1983            |                 | 1982            |
|----------------------|-----------------|-----------------|-----------------|
|                      | <u>Budget</u>   | <u>Actual</u>   | <u>Actual</u>   |
| Executive Council    | \$30,915        | \$40,011        | \$ 42,305       |
| Management Committee | 24,510          | 18,317          | 30,613          |
| President's Expense  | <u>21,300</u>   | <u>27,716</u>   | <u>25,729</u>   |
|                      | <u>\$76,725</u> | <u>\$86,044</u> | <u>\$98,647</u> |

The above expense categories should be reviewed together as shown, although we have exceeded projected cost for 1983 there is a considerable reduction over 1982. The allocation of expenses to either Management Committee or President's Expense depends on the timing of meetings and on the availability of the representative to attend a given meeting or event. 1983 expense reflects a decrease in Management Committee expense due to their meetings being planned in conjunction with other CDA meetings.

Council on Education breakdown:

|                                   |                 |
|-----------------------------------|-----------------|
| Council meeting expense           | \$19,077        |
| DAT meetings including            |                 |
| Chalk Grading                     | 18,885          |
| Continuing Education              | 3,235           |
| Interview Validation Study        | 5,846           |
| Chairman's travel & other expense | <u>4,560</u>    |
|                                   | <u>\$51,603</u> |

Council meeting expense includes one meeting and expense of Reconsideration in Vancouver at approximately \$6,200.

Budgeted amount of \$31,745 does not include \$14,000 in DATP budget which was to have been funded by CFDE; program revenue was deemed sufficient to cover Interview Study expense and outside funding was not sought.

Staff travel increase reflects the necessity of staff attending out-of-town meetings.

Unbudgeted Projects:

|                          |                                                                                        |
|--------------------------|----------------------------------------------------------------------------------------|
| Manpower Study           | Expenses from R.K. House for 1982 attendances received in 1983.                        |
| Accreditation Interviews | Meetings and advertising expense involved in replacement of Director of Accreditation. |
| Ad Hoc Committees        |                                                                                        |
| Research                 | - Expense claims from Dr. Barolet, February & July, 1983.                              |
| Hospital                 | - Expense for four meetings - January, February, April and December.                   |
| Salaried Dentist         | - March, 1983 meeting.                                                                 |

PROPERTY MANGEMENT INFORMATION  
SUPPLEMENTARY TO THE YEAR END FINANCIAL STATEMENTS

|                     |              | Actuals<br>1982 | Budget<br>1983 | 1983<br>Actuals | Proposed<br>Budget<br>1984 |
|---------------------|--------------|-----------------|----------------|-----------------|----------------------------|
| REVENUE:            |              |                 |                |                 |                            |
| C.Ph.A.             | - 5,110 sqft | \$ 46,556       | \$ 47,930      | \$ 47,930       | \$ 47,930                  |
| Alcron              | - 2,919 "    | 21,892          | 23,595         | 23,960          | 37,947                     |
| CCHA                | - 2,664 "    | 23,310          | 23,310         | 23,310          | 28,027                     |
| RCFC                | - 918 "      | 8,492           | 10,098         | 10,098          | 10,098                     |
| Clendenning         | - 300 "      | 2,550           | 2,550          | 2,653           | 3,900                      |
| Fed. of             |              |                 |                |                 |                            |
| Med. Women          | - 125 "      | 1,375           | 1,375          | 1,375           | 1,625                      |
| ODS                 | - 100 "      | 900             | 900            | 900             | 900                        |
| Parking             |              | 3,405           | 3,500          | 3,500           | 4,800                      |
| TOTAL REVENUE       |              | \$ 108,480      | \$ 113,258     | \$ 113,726      | \$ 135,227                 |
| ADD 5% for          |              |                 |                |                 |                            |
| Escalation Clauses  |              | 2,076           | 5,663          | 2,582           | 6,776                      |
| TOTAL PROJECTIONS   |              | \$ 110,556      | \$ 118,921     | \$ 116,308      | \$ 142,003                 |
| EXPENSES:           |              |                 |                |                 |                            |
| Depreciation        |              | \$ 48,176       | \$ 49,800      | \$ 47,632       | \$ 51,800                  |
| Mortgage & Interest |              | 70,352          | 90,000         | 48,700          | 85,000                     |
| Realty Tax          |              | 39,391          | 44,000         | 42,149          | 48,000                     |
| Insurance           |              | 3,608           | 4,400          | 3,744           | 4,800                      |
| Light, Heat, Water  |              | 32,227          | 40,000         | 37,004          | 48,000                     |
| Repair &            |              |                 |                |                 |                            |
| Maintenance: Labour |              | 13,061          | 12,500         | 16,626          | 14,100                     |
| Security -          |              |                 |                |                 |                            |
| Grounds             |              | 7,623           | 7,000          | 6,401           | 7,700                      |
| Supplies            |              | 2,665           | 3,500          | 3,099           | 4,000                      |
| Large Equip.        |              | 12,120          | 15,000         | 13,055          | 16,500                     |
| Misc.               |              | 5,610           | 3,500          | 7,490           | 3,500                      |
| TOTAL EXPENSES      |              | \$ 234,833      | \$ 269,700     | \$ 225,900      | \$ 283,400                 |
| EXCESS OF EXPENSE   |              | \$ 124,277      | \$ 150,779     | \$ 109,592      | \$ 141,397                 |



DENTAL APTITUDE TESTING  
SUPPLEMENTARY TO THE YEAR END FINANCIAL STATEMENTS

|                                          | Actuals<br>1982  | Budget<br>1983   | 1983<br>Actuals  | Proposed<br>Budget<br>1984 |
|------------------------------------------|------------------|------------------|------------------|----------------------------|
| REVENUE:                                 |                  |                  |                  |                            |
| Test Fees                                | <u>\$ 78,352</u> | <u>\$ 75,000</u> | <u>\$ 93,549</u> | <u>\$ 104,000</u>          |
| DIRECT EXPENSE:                          |                  |                  |                  |                            |
| Printing: Test Supplies                  | \$ 6,888         | \$ 9,500         | \$ 20,547        | \$ 20,500                  |
| Promotion                                | 9,717            | 3,000            | 9,584            | 3,500                      |
| New Materials                            | 5,369            | 2,500            | 3,843            | 12,000                     |
| Grading/Processing                       | 3,285            | 8,000            | 9,817            | 10,000                     |
| Fees for Service                         | 17,581           | 13,000           | 8,532            | 12,000                     |
| Shipping                                 | 2,847            | 3,500            | 3,306            | 3,500                      |
| Validation Research                      | 161              | 4,000            | 1,370            | 6,000                      |
| TOTAL                                    | <u>\$ 45,848</u> | <u>\$ 43,500</u> | <u>\$ 56,999</u> | <u>\$ 67,500</u>           |
| EXCESS OF REVENUE OVER<br>DIRECT EXPENSE | <u>\$ 32,504</u> | <u>\$ 31,500</u> | <u>\$ 36,550</u> | <u>\$ 36,500</u>           |
| ADDITIONAL EXPENSE:                      |                  |                  |                  |                            |
| Interview Study Workshops                | \$ 4,451         | \$ 14,000        | \$ 5,153         | \$ 14,500                  |
| Travel & Meetings                        | <u>14,526</u>    | <u>14,190</u>    | <u>19,578</u>    | <u>16,000</u>              |
| TOTAL                                    | <u>\$ 18,977</u> | <u>\$ 28,190</u> | <u>\$ 24,731</u> | <u>\$ 30,500</u>           |

1984 Revenue based on 1,600 applicants at \$65 each; includes DAT fee at \$55 plus \$10 preparation package.

Validation Research for 1984 includes computerization and research costs for:

- 1) Interview Study
- 2) Student Questionnaire Analyses
- 3) Applicant/Repeat Study
- 4) Development & Testing of validation materials

Travel & Meetings 1983 for McGill Workshop and retraining sessions.

Travel & Meetings 1984 includes retraining sessions and joint meeting with all participating schools.

THE CANADIAN DENTAL RESEARCH FOUNDATION

FINANCIAL STATEMENTS

DECEMBER 31, 1983

# McCAY, DUFF & COMPANY

CHARTERED ACCOUNTANTS

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BRYAN E. SULLIVAN, C.A.  
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## AUDITORS' REPORT

To the Members,  
The Canadian Dental Research  
Foundation.

We have examined the balance sheet of The Canadian Dental Research Foundation as at December 31, 1983 and the statements of current account revenue and expense and surplus and capital account surplus for the year then ended. Our examination was made in accordance with generally accepted auditing standards, and accordingly included such tests and other procedures as we considered necessary in the circumstances.

In our opinion, these financial statements present fairly the financial position of the Foundation as at December 31, 1983 and the results of its operations for the year then ended in accordance with generally accepted accounting principles applied on a basis consistent with that of the preceding year.

*McCay Duff & Co*

Chartered Accountants.

Ottawa, Ontario,  
January 23, 1984.

## THE CANADIAN DENTAL RESEARCH FOUNDATION

## BALANCE SHEET

AS AT DECEMBER 31, 1983

|                                                                | ASSETS | <u>1983</u>     | <u>1982</u>     |
|----------------------------------------------------------------|--------|-----------------|-----------------|
| CURRENT ACCOUNT                                                |        |                 |                 |
| Cash                                                           |        | \$15,345        | \$ 959          |
| Deposit certificate                                            |        | -               | 5,000           |
| Accrued interest receivable                                    |        | <u>-</u>        | <u>1,473</u>    |
|                                                                |        | 15,345          | 7,432           |
| CAPITAL ACCOUNT                                                |        |                 |                 |
| Investments, at cost (market value<br>\$11,500, 1982 \$18,500) |        | <u>12,000</u>   | <u>19,488</u>   |
|                                                                |        | <u>\$27,345</u> | <u>\$26,920</u> |

## MEMBERS' EQUITY

|                 |                 |                 |
|-----------------|-----------------|-----------------|
| CURRENT ACCOUNT | \$ 7,857        | \$ 7,432        |
| CAPITAL ACCOUNT | <u>19,488</u>   | <u>19,488</u>   |
|                 | <u>\$27,345</u> | <u>\$26,920</u> |

Approved on behalf of the Board:

\_\_\_\_\_  
President\_\_\_\_\_  
Executive Director

CANADIAN DENTAL RESEARCH FOUNDATION  
SUPPLEMENTARY TO THE YEAR END FINANCIAL STATEMENTS

Cash account amount reflects maturing of long term investments and ending of current term deposit amounts.

Retired Investments 1983:

\$2,000 Province of Ontario Debenture at 9%, due July 1, 1983  
\$5,450 Government of Canada Bonds at 4.5%, due September 1, 1983

Cash account is premium interest savings account with interest rate in the 7% - 8% area. A decision should be made to reinvest \$15,000 into a higher yield account. A conservative consideration would be a three year term deposit which at this time increases interest rates by approximately 3 points without an overlong "lock in" period.

THE CANADIAN DENTAL RESEARCH FOUNDATION  
 STATEMENT OF CURRENT ACCOUNT REVENUE AND EXPENSE AND SURPLUS  
 FOR THE YEAR ENDED DECEMBER 31, 1983

|                                                | <u>1983</u>     | <u>1982</u>     |
|------------------------------------------------|-----------------|-----------------|
| REVENUE                                        |                 |                 |
| Interest                                       | \$ 1,625        | \$ 2,649        |
| EXPENSE                                        |                 |                 |
| Annual award                                   | <u>1,200</u>    | <u>1,200</u>    |
| EXCESS OF REVENUE OVER EXPENSE<br>FOR THE YEAR | 425             | 1,449           |
| Surplus - beginning of year                    | <u>7,432</u>    | <u>5,983</u>    |
| SURPLUS - END OF YEAR                          | <u>\$ 7,857</u> | <u>\$ 7,432</u> |

STATEMENT OF CAPITAL ACCOUNT SURPLUS  
 FOR THE YEAR ENDED DECEMBER 31, 1983

|                                        |                 |                 |
|----------------------------------------|-----------------|-----------------|
| SURPLUS - BEGINNING AND END OF<br>YEAR | <u>\$19,488</u> | <u>\$19,488</u> |
|----------------------------------------|-----------------|-----------------|

THE CANADIAN DENTAL RESEARCH FOUNDATION

SCHEDULE OF INVESTMENTS

AS AT DECEMBER 31, 1983

|                                                                                    | <u>Cost</u>     |
|------------------------------------------------------------------------------------|-----------------|
| \$7,000 Canada Permanent Mortgage Corporation, 9.75% debenture, due March 12, 1984 | \$ 7,000        |
| \$5,000 Hydro-Electric Power Commission of Ontario 9% bonds, due April 1, 1994     | <u>5,000</u>    |
|                                                                                    | <u>\$12,000</u> |



REPORT OF THE  
AD HOC COMMITTEE ON HOSPITAL SERVICES

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Members: B.W. Holmes, Chairman  
W.R. Thompson,  
P.R. Crawford

Two meetings of the Ad Hoc Committee on Hospital Services were held since the last meeting of the Board in September 1983, on December 15th, 1983 and January 9th, 1984.

At the first meeting a number of other interested persons were present, on invitation, as follows: Dr. K.C. Bentley and Dr. I.C. Bennett, from the Council on Education; Dr. J.H. Gryfe and Dr. J. Hardie from the Council on Hospital Services; Dr. Marcia Boyd, representing the A.C.F.D., and Dr. G. Kravis representing the N.D.E.B. These persons were given the opportunity to express the views of the bodies they were representing.

It was found necessary to hold a further meeting and a report of the deliberations at that meeting are outlined below:

1. The intent of earlier recommendations to establish a Council on Accreditation and a Council on Educational Services was to allow the accreditation of all educational programs, including Hospital Internship programs, to be conducted by the new Council on Accreditation and its committees. It was felt that the new council would help create a desirable high profile for the association's accreditation activities. The committee also sought to ensure adequate representation of the N.D.E.B. A.C.F.D. and others without creating a large and unwieldy structure.
2. Several problems were emphasized in written and oral reaction to the committee's proposal. Council on Education members, the A.C.F.D., and CDA staff considered the separation (from the proposed Council on Accreditation) of the Dental Admissions Test Committee, Continuing Education and other educational concerns to be disadvantageous and undesirable. A.C.F.D. and N.D.E.B. felt that they required additional representation and the Council on Hospital Services objected to being changed to a committee reporting within the Council on Accreditation.
3. The ad hoc committee next considered the possibility of creating one super council incorporating accreditation, education, hospital services and educational services. The breadth of concern of such a council was felt to be too large, however, and there were concerns about the volume of work.

4. The ad hoc committee noted that Council on Hospital Services members indicated that the council preferred to remain autonomous (even if responsibility for assessing the academic portion of hospital internship programs was transferred out of their jurisdiction). They also emphasized that there were a number of issues requiring action which their council wished to address and that loss of this responsibility would not mean that the council was no longer necessary or important. It was also stressed that the Council on Hospital Services was willing to co-operate in common policy on accreditation and joint surveys.
5. Following discussion of all of the above, the committee decided on a new set of recommendations, as follows:
  - i. That the Council on Education be re-named "Council on Education and Accreditation"
  - ii. That the composition of the new Council on Education and Accreditation include the current composition plus the following:
    - One member nominated by the Conference of Provincial Dental Licensing Authorities (as approved at last CDA Board Meeting; this will bring their total representation to two).
    - One member from the National Dental Examining Board (bringing their total representation to two).
    - One member from the Canadian Dental Hygienists Association.
    - One member from the Canadian Dental Assistants Association.
  - iii. That the Council on Hospital Services be renamed "Council on Hospital and Institutional Services".
  - iv. That the composition of the Council on Hospital and Institutional Services be the current composition of the Council on Hospital Services.
  - v. That a JOINT ADVISORY COMMITTEE ON ACCREDITATION be established, with membership from both of the above councils, as set out in Appendix 1.
  - vi. That the terms of reference for the Joint Advisory Committee be
    - 1) to serve as a forum for discussion of issues related to accreditation and
    - 2) to prepare and recommend to both councils, documentation and common policies and processes related to accreditation.

- vii. That there be provision that the chairman of the Joint Advisory Committee on Accreditation be nominated by and mutually acceptable to both Council Chairmen and then appointed by Executive Council.
- viii. That the committees related to the Council on Education and Accreditation be those of the current Council on Education, with membership as set out in Appendix 2.
- ix. That there be provision in the terms of reference of both new councils to ensure:
  - that the assessment, through the accreditation process, of the didactic elements of hospital and institutional internships shall be the responsibility of the Council on Education and Accreditation.
  - that the assessment, through the accreditation process, of hospital and institutional dental services shall be the responsibility of the Council on Hospital and Institutional Services.
  - that both Councils will co-operate in mounting joint surveys where appropriate.
  - that an internship program will not be accredited by the Council on Education and Accreditation if the hospital or institutional service is not accredited by the Council on Hospital and institutional services.
- x. That necessary changes to the CDA constitution and bylaws be identified following approval of the concept and principles outlined in these recommendations and appendices.

Copies of this proposal have been mailed, for comment, to the National Dental Examining Board, the Association of Canadian Faculties of Dentistry, the Royal College of Dentists (Canada) and to the Chairmen of both involved Councils.

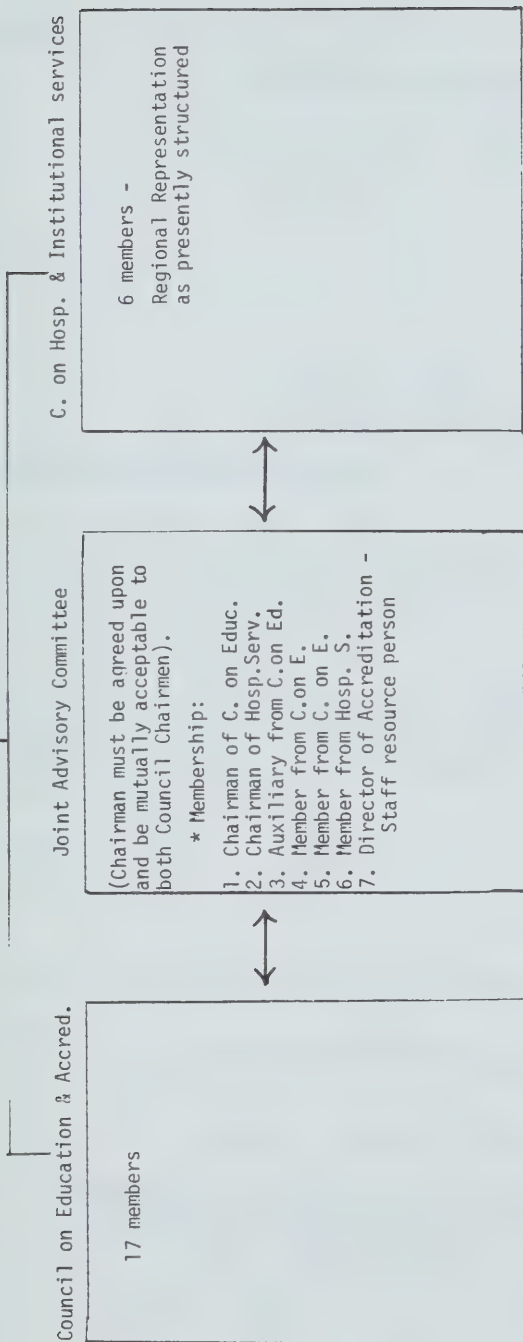
Respectfully submitted,

Bradley W. Holmes, DDS.  
Chairman.

ADOPTION OF REPORT

*The Board of Governors receives the report of the Ad Hoc Committee on Hospital Services for information with thanks.*

# EXECUTIVE COUNCIL



## Terms of Reference:

1. To serve as a forum for discussion of issues related to accreditation.
2. To prepare and to recommend documentation and common policies and processes related to accreditation.

\*Membership to be elected annually by the co-operating councils, with their Chairmen automatically included as members.

\* Composition of Council on Education and Accreditation.

|                       |   |
|-----------------------|---|
| From ACFD             | 1 |
| From RCDC             | 1 |
| From Licensing Bodies | 2 |
| From NDEB             | 2 |
| From Universities     | 3 |
| Non Universities      | 4 |
| CDHA                  | 1 |
| CDAA                  | 1 |
| Student Member        | 1 |
| Lay Member            | 1 |

Committees - All representatives to be from Council

Committee No. 1 - Dealing with Undergraduate, Graduate/Postgraduate Programs

1. Registrar
  2. RCDC
  3. NDEB
  4. ACFD
  5. Student
  6. From Council
  7. From Council
- Chairman of Council - ex officio

Chairman of Committee to be chosen from group by the Chairman of Council.

Committee No. 2 - Dealing with Auxiliary Programs

1. Registrar
  2. CDHA
  3. CDAA
  4. From Council
  5. From Council
- Chairman of Council - ex officio

Chairman of Committee to be chosen from group by the Chairman of Council.

Note: The Chairman of Council should review annually the composition of Committees.

No changes are suggested for the D.A.T. Committee.

\* Composition of Council on Education and Accreditation and its Committees:

1. It is proposed that: there should be a licensing body representative on each of the Committees Nos. 1 and No. 2.
2. :that Auxiliary members should have full voting privileges on Council
3. :that the N.D.E.B. should have two representatives on Council

AUDITORS' REPORT

The Board of Governors  
Canadian Dental Association

We have examined the statement of receipts and disbursements for the Canadian Dental Association, Canadian Dentists Insurance Program for the year ended December 31, 1982. Our examination was made in accordance with generally accepted auditing standards, and accordingly included such tests and other procedures as we considered necessary in the circumstances.

In our opinion, this statement of receipts and disbursements presents fairly all of the receipts and disbursements related to the Canadian Dental Association, Canadian Dentists Insurance Program for the year ended December 31, 1982.

TORONTO, CANADA

July 12, 1983

*Millard, Des Lauriers & Shoemaker*  
Chartered Accountants

CANADIAN DENTAL ASSOCIATION  
CANADIAN DENTISTS INSURANCE PROGRAM  
STATEMENT OF RECEIPTS AND DISBURSEMENTS  
FOR THE YEAR ENDED DECEMBER 31, 1982

(with comparative figures for the year ended December 31, 1981)

|                                                                        | <u>1982</u>         | <u>1981</u>       |
|------------------------------------------------------------------------|---------------------|-------------------|
| Receipts                                                               |                     |                   |
| Gross premiums, net of refunds (Note 2)                                | \$ 9,341,731        | \$ 6,689,041      |
| Refund from insurers<br>(re: graduates package 1981)                   | 30,887              |                   |
| Interest                                                               | <u>15,759</u>       | <u>15,392</u>     |
|                                                                        | <u>9,388,377</u>    | <u>6,704,433</u>  |
| Disbursements                                                          |                     |                   |
| Net insurance premiums (Note 2)                                        | 6,817,594           | 6,478,571         |
| Fees to inside administrators (Note 3)                                 | 410,882             | 404,911           |
| Printing expenses                                                      | 28,983              | 47,055            |
| Professional fees                                                      | 5,625               | 8,500             |
| Committee expenses                                                     | 5,446               | 2,796             |
| Promotion expenses                                                     | 87,136              | 48,382            |
| Director of plans                                                      | 13,014              | 18,645            |
| Graduate package                                                       | <u>29,960</u>       | <u>47,780</u>     |
|                                                                        | <u>7,398,640</u>    | <u>7,056,640</u>  |
| Excess of receipts over disbursements<br>(disbursements over receipts) | 1,989,737           | (352,207)         |
| Cash in bank at beginning of year                                      | <u>879,772</u>      | <u>1,909,480</u>  |
|                                                                        | 2,869,509           | 1,557,273         |
| Transfer of cash to general bank account                               | <u>(466,610)</u>    | <u>(677,501)</u>  |
| Cash in bank at end of year                                            | <u>\$ 2,402,899</u> | <u>\$ 879,772</u> |



CANADIAN DENTAL ASSOCIATION

CANADIAN DENTISTS INSURANCE PROGRAM

APPENDIX I

NOTES TO STATEMENT OF RECEIPTS AND DISBURSEMENTS

FOR THE YEAR ENDED DECEMBER 31, 1982

1. Statement of Receipts and Disbursements

The statement of receipts and disbursements includes only those receipts and disbursements of the Canadian Dentists Insurance Program. Other transactions of the Canadian Dental Association are not included in this statement.

2. Reconciliation of net insurance premiums to gross premiums.

|                                                                            | <u>1982</u>         | <u>1981</u>         |
|----------------------------------------------------------------------------|---------------------|---------------------|
| Total net insurance premiums<br>per financial statement                    | \$ 6,817,594        | \$ 6,478,571        |
| Net premiums received in current year<br>but not paid until following year | 958,784             | 29,064              |
| Net premiums paid in current year in<br>respect of the previous year       | <u>(29,220)</u>     | <u>(24,891)</u>     |
|                                                                            | 7,747,158           | 6,482,744           |
| Multiplied by a factor of 115%                                             | <u>x 1.15</u>       | <u>x 1.15</u>       |
|                                                                            | 8,909,232           | 7,455,156           |
| Premiums in respect of current year<br>received in previous year           | (802,428)           | (1,570,814)         |
| Premiums for following year<br>received in current year                    | 1,232,073           | 802,428             |
| Premiums for previous year<br>received in current year                     | 1,202               | 4,129               |
| Refund cheques for previous year<br>issued in current year                 | (1,149)             | (3,780)             |
| Unreconciled amount                                                        | <u>2,801</u>        | <u>1,922</u>        |
| Total gross premiums per<br>financial statement                            | <u>\$ 9,341,731</u> | <u>\$ 6,689,041</u> |

CANADIAN DENTAL ASSOCIATION  
CANADIAN DENTISTS INSURANCE PROGRAM  
NOTES TO STATEMENT OF RECEIPTS AND DISBURSEMENTS  
FOR THE YEAR ENDED DECEMBER 31, 1982

Page two

3. Administration Agreement

Canadian Dental Association, Canadian Dental Service Plans Inc., Reed Stenhouse Associates Limited and Reed Stenhouse Limited have entered into a three year administration agreement expiring December 31, 1983. Fees paid to the administrators, Reed Stenhouse Associates Limited and Reed Stenhouse Limited under the agreement are:

|                                                                | <u>1982</u>                                        | <u>1981</u>       |
|----------------------------------------------------------------|----------------------------------------------------|-------------------|
| Net insurance premiums<br>per financial<br>statements - Note 2 | \$ 29,220 \$6,817,594                              | \$6,478,571       |
| Fee rate per<br>administration agreement                       | <u>6.25%</u> <u>6.00%</u>                          | <u>6.25%</u>      |
| Fee to administrators per<br>financial statements              | <u>\$ 1,826</u> <u>\$ 409,056</u> <u>\$410,882</u> | <u>\$ 404,911</u> |

REPORT FROM DR. SAGE  
REGARDING ASSIGNMENT OF BENEFITS

CONCLUSIONS

1. Assignment can destroy the dentist-patient relationship; the patient's concerned involvement with the treatment plan and the services rendered can be greatly diminished and the patient may be less likely to carry out the required home oral hygiene procedures to maintain or improve his/her oral condition.
2. When assignment is accepted, the necessary office administrative procedures are more complex. With assignment, the dental office may have to accept the responsibility of the pre-determination of benefits i.e. the submission of the Standard CDA Treatment Plan Form, the determination of when to commence treatment and the explanation of an arranging for payment of the balance on account.
3. The control of accounts receivable is no longer the sole responsibility of the dental office. The prepaid plan carrier may elect to forward payment at any time or, as is often the case, delay the payment of account for as long as possible. As the dental office has *no control* over this area of the carrier's administrative procedures, it has *no control* over its own A/R balance. In addition, it is often far more difficult to collect the balance of the account from a patient who has been treated some 45 to 90 days previously and whose interest and involvement is consequently diminished. It is important to note that regular office procedures for the collection of patients' accounts must be carried out in all cases. Even so, in-office cash flow may still become a serious difficulty with assignment of benefits.
4. There is evidence that the practice of assignment contributes to an increasing intrusion by carriers into the dental profession's responsibility for the professional conduct of its members. Carriers have a legitimate right to carry out patient audits and dentist profiles but have gone further and made their own judgments, in some instances, about Dentists to be denied the right to accept assignment. In communities where assignment of benefits is a common practice, Dentists in such cases may largely be excluded from practice without judgement by their peers.
5. Similarly, Dentists on assignment may unwittingly contribute to this diminution of professional responsibility by complying with requests from carriers to furnish radiographs or proof of treatment to qualify for payment.

Assignment is dangerous and potentially damaging to your practice.

## ASSIGNMENT OF BENEFITS -- 2 --

Because of the foregoing problems it is recommended that Assignment of Benefits be refused in all cases of third party involvement except when legislated by provincial authorities and that the following CDA policies be reiterated:

### RESPONSIBILITY OF THE DENTIST

Dentists are responsible for the performance of services as required under their Health Disciplines or Dental Act and as authorized by their patient (parent/guardian). Dentists are responsible to their patients and should deal directly and ONLY with the patient regardless of any third party involvement.

### RESPONSIBILITY OF THE PATIENT (parent/guardian)

ONLY the patient may authorize the performance of dental services, and is, therefore, solely responsible for the payment of these authorized services.

### PAYMENT ASSIGNMENT

The Canadian Dental Association is opposed to the principle of assignment of benefits and has so recommended to its membership.

There should be no difference in the dollar amount paid by the pre-paid dental plan or in the time taken to remit said payment, regardless of whether the reimbursement is paid to the patient, or directly to the dentist via a system of assignment.

### FEES

The usual and customary fees of the attending dentist shall be charged to the patient, regardless of whether or not there is any third party reimbursement to the patient.

### PATIENT'S NEEDS

Dentists are concerned solely with the well-being of the patient. A prepaid dental contract is not a determinant on the part of a dentist as to whether specific dental services are required or recommended.

## ASSIGNMENT OF BENEFITS -- 3 --

### DENTAL SERVICES PERFORMED BY AUXILIARIES

Dental services properly rendered under the supervision of a dentist by an auxiliary operating within his/her legal limits are valid dental services to a patient regardless of whether the patient has or does not have a prepaid dental plan. Fees for these services should be charged and paid as such. If a dental service is "covered" by a plan, it is "covered" regardless of whether the dentist or his auxiliary renders the service assuming such services are rendered as described above.

### THIRD PARTY(IES)

Dentists, with or without patient urging, should not become involved in discussions or negotiations with third parties, relating to third party claim forms or the contract of their patients. The prepaid dental plan contract is strictly between the subscriber/insured and the third party.

No dentist should enter directly into a contractual arrangement with a third party which would infringe on the legal rights of himself/herself or other dentists to practice dentistry as outlined under their Health Disciplines or Dental Act.

The Canadian Dental Association does not recognize the right of third parties to review or approve dental treatment, or to suggest courses of treatment which are alternate to those recommended to the patient by his/her dentist. The C.D.A. contends that the process of pre-determination of benefits relates ONLY to the subscriber/third party relationship in determining the amount of benefits available to the subscriber for the proposed treatment services should such treatment be rendered.

### TREATMENT PLAN FORM - CLAIM FORM

Dentists voluntarily co-operate with their patients in providing the patient with a C.D.A./Provincial Dental Association Approved Standard Dental Treatment Plan Form and applicable fee estimate. Dentists also voluntarily co-operate by providing a properly completed C.D.A./Provincial Dental Association Approved Standard Dental Claim Form as described in the instruction section of this Manual, in order that the patient will have a statement of proof of loss and of services performed to forward to the third party.

..4

## ASSIGNMENT OF BENEFITS -- 4 --

### TREATMENT PLAN FORM - CLAIM FORM (continued)

The dental parts of the written C.D.A./Provincial Dental Association Approved Standard Dental Treatment Plan Form, when requested by a patient, and the dental parts of the C.D.A. Approved Standard Dental Claim Form as a statement of proof of loss and services rendered, will be completed by the dental office for the patient at no charge.

Referrals of claims or treatment plans by third parties to their dental consultants for evaluation must relate only to the extent of the carrier's liability in payment of claims.

### SUPPLEMENTARY INFORMATION REQUESTS/EXPERTISE STATEMENTS

Dentists will comply with reasonable requests for supplementary information or expertise statements as defined by, and according to the procedures outlined in this Manual. Such requests should come directly from a carrier to the dental office and not through the patient. There should be no inference or suspicion of professional impropriety. Each request shall be solely to facilitate determination of liability and shall not involve any aspect of peer review of the dentist by either the dental consultant, the insuring carrier or an administrator.

Although the format of the Supplementary Information Form may differ with the various third party carriers, ONLY those questions which appear on the C.D.A. Supplementary Information Form or questions of identical intent as expressed by the Carrier SHOULD BE ANSWERED.

Although the format of the Expertise Statement may differ with the various third party carriers, ONLY those questions which appear on the C.D.A. Expertise Statement or those questions of identical intent as expressed by the Carrier SHOULD BE ANSWERED.

### MEDIATIONS AND PEER REVIEW

Where a question regarding communication or misunderstanding in relation to treatment, diagnosis or other such areas arises, the matter in question should be submitted to the Insurance/Mediations Committee of a Provincial Dental Association for careful review and an impartial opinion.

If the problem is one of quality of treatment, improper treatment, misdiagnosis, or other areas of a legal or a licensing regulation infringement, then the matter in question should be submitted to the appropriate committee of a Provincial Dental Licensing Board.



ASSIGNMENT OF BENEFITS -- 5 --

MEDIATIONS AND PEER REVIEW (continued)

An individual hired by a third party is not acceptable as a mediator or judge in these areas.

The Canadian Dental Association does NOT recognize the right of Prepaid Dental Plans to perform any function of peer review or quality control in dentistry.

RADIOGRAPHS, MODELS, RECORDS

These guidelines apply equally and similarly to BOTH original radiographs/study models and duplicate radiographs/study models.

Reasonable requests for pre-treatment radiographs, study models, records, etc., in pre-treatment situations with relation to determination of liability should be honoured according to the procedures outlined in this Manual.

Pre-treatment records once treatment has begun, or in-treatment or post-treatment radiographs, study models and office records, are the property of the dentist and must remain under his/her jurisdiction and supervision unless demanded in response to the Mediations Committee of a Provincial Dental Association, to a post-treatment review committee of a Provincial Dental Licensing Board or a court of law.

Respectfully submitted for review and direction to the  
Canadian Dental Association.

Dr. D.G. Sage.

DGS:dh

February 27, 1984.

ADOPTION OF REPORT

*The Board of Governors receives the report of Dr. Sage on Assignment with appreciation.*



## DEFINITIONS, GUIDELINES AND POLICIES

---

### Types of Decisions Rendered by Boards

A Board of Governors or Directors, by definition, is a decision-making body responsible for the definition of policy to guide the operation, by administration and employees, of an institution, association or business. By necessity, policy is broad and must usually be translated into operative procedures by those working under policy. Boards make other decisions which are not policy decisions, however. They also delegate particular kinds of decisions to administration and to councils or committees reporting to them. Effective operation requires clarity about distinctions between and among various kinds of decisions. Clarity is also required about what is delegated for decision and what requires Board approval.

### Types of Decisions

#### 1. POLICY

Like parliament, when a Board makes a policy decision, it has in effect passed a law by which its subjects must live. Key questions to pinpoint a policy decision include:

- Is the decision directed towards the regulation of operation or behaviour?
- Is the decision intended to endure for a specified period of time or until revoked?
- Is the decision formal ratification of a position or statement that will be communicated outside the organization as a statement of the organization as a whole?

#### 2. ROUTINE ITEMS OF BUSINESS

Such transactions are routine or one-of-a-kind decisions that the Board reserves to itself, such as decisions to spend sums above a specified amount, to hold a convention in a particular location at a particular time, or to honour a member under the terms of an established award.

Key questions to pinpoint transactions include:

- Is the decision being taken under an existing policy?
- Is the decision limited to its specific circumstances and without bearing on future circumstances of a similar nature?
- Is the decision an acceptance of a document or item for information or referral?

### 3. ADOPTION OF GUIDELINES

Boards often adopt detailed documents which cannot purport to regulate behaviour of members but which are meant to be useful resources which members can use with or without modification. While recognized as "official guidelines" these are not "POLICY" documents. To warrant official status, however, they must be carefully considered and acceptable to the Board as credible presentations. Key questions to pinpoint guidelines include:

- Is the decision a recommendation to members of a resource?
- Is it understood that members have discretion to employ or revise the resource according to their professional judgement?
- Is the decision essentially a judgement that a position or paper is credible and useful?

### 4. DELEGATION OF SPECIFIC RESPONSIBILITY

Certain kinds of decisions and responsibilities are delegated by Boards to administration and to councils and committees. The constitution and bylaws of an organization provide for a large part of such delegation and for necessary reporting procedures. The rationale for such delegation is that particular issues require concentration of expertise and time not available at the level of the board. To work effectively there must be recognition by the board that its review of reports from administration, councils and committees -- if these are functioning satisfactorily -- is broad and often perfunctory in relation to content most dependent on subordinate expertise.

In addition to delegation as proscribed in an organization's constitution and bylaws, boards may choose to delegate studies or responsibilities on an ad-hoc basis or to amend by-laws to provide for unforeseen and ongoing concerns to be delegated in perpetuity. Careful attention is required in all cases to ensure that the board -- because it is ultimately responsible -- remains fully informed and able to judge results and influence the emphasis and direction of subordinate mechanisms and individuals. Key questions to pinpoint delegation include:

- Is the board ratifying, with or without comment or revision, a report from a specialized council or committee established under by-laws or as a special ad-hoc body?
- Is it clear that the primary expertise required for the preparation of the report or position is located at the subordinate level?
- Is the report or position essentially an accounting from a subordinate body, part of which outlines decisions taken on a board's behalf and part of which makes recommendations that cannot become policy without formal board approval?

---

As noted, boards can delegate decisions within specified scope while maintaining a requirement to be informed and reserving, but never or rarely exercising, ultimate authority. In accreditation, for example, the board could distinguish between decisions to be made by a council concerned with accreditation and by the board itself. The accreditation body is in a position to identify, implement and assess accreditation standards and processes. The board needs to consider recommendations to suspend activities, introduce new areas of activity or introduce dramatic changes in existing areas. The subordinate body must be accountable at all times, but its expertise must be respected by the board's willingness to delegate decisions commensurate with that expertise. The subordinate body, in turn, must be capable of recognizing the fine line between making such decisions and referring to the board for approval items beyond defined scope. While such distinctions are often clear cut, they can also be doubtful, and doubt should be resolved by referral to the board. Inevitably, experience defines a satisfactory relationship between the board and a body assigned specific decision-making responsibilities. Key questions to identify areas of decision appropriate for delegation include:

- Is there a clearly definable area of concern requiring time and expertise that a subordinate body can provide?
- Is it necessary and desirable for the subordinate body to have some autonomy in its operation? Are there good reasons?
- Is the board able to reassure itself that its own detailed review of such areas of decision would not contribute necessary additional insights or expertise? Can it remain sufficiently informed to discharge its ultimate responsibility for the affairs of the organization?

Feb./84

CHAIRMAN'S REPORT1983 CDA CONVENTION  
VANCOUVER, B.C.

Planning for the September, 1983 CDA Convention in Vancouver began in November, 1980 with the development of the CDA Convention Protocol. On suggestion from the College of Dental Surgeons of British Columbia, the convention chairman was appointed by the CDA Board in September, 1980. The first convention committee appointments were the Scientific Chairman, Dr. Arthur Lien; Social Chairman, Dr. Ronald Zokol; and Local Arrangements Chairman, Dr. Rob Mann. CDA appointed Miss Linda Teteruck as the CDA Staff Liaison and her responsibilities involved the exhibitors, housing, registration, publicity and printing of the pre convention and convention programs. As per the convention protocol, groups involved with the convention were asked to attend an organizational meeting in Vancouver on March 4, 1982.

Construction of the Vancouver Convention Centre was delayed and therefore, the Hotel Vancouver and Hyatt Regency were designated as headquarter hotels. The Hotel Vancouver was selected for the scientific and social programs because of its facility and size. The Hyatt Regency was selected for exhibits and registration.

The Royal College of Dentists of Canada, the Canadian Society of Public Health Dentists and the Association of Prosthodontists of Canada convened at the Hotel Vancouver. The Canadian Association of Orthodontists, and the Canadian Dental Hygienists' Association met at the Four Seasons Hotel. The Canadian Academy of Periodontists met at the Bayshore Hotel and the Canadian Dental Assistants' Association at the Georgia Hotel. The Canadian Association of Restorative Dentistry and the Canadian Academy of Prosthodontists combined their meetings at both the Hyatt and the Hotel Vancouver. CDSPI met at the Hyatt Regency and the International College of Dentists met at the Hotel Vancouver. The Convention Committee felt that the Specialty Sections and other groups should meet at the same site as the CDA Convention, but that they should meet prior to the CDA in order to accommodate each group at the hotels and to allow members to attend both meetings if they desired.

It was decided that exhibit booths would be allocated on a first come basis as the number of booths was limited by hotel space. There were many disappointed exhibitors who did not respond early to the space request forms, and therefore were unable to reserve a booth.

Luncheons and a breakfast were scheduled within the exhibit areas to assist the attendance at the exhibitors' booths. Exhibitors complained initially about their long hours (from 12 - 6 pm Sunday afternoon, from 9 am to 6 pm Monday and Tuesday, and from 9 am to 2 pm on Wednesday). The exhibitors were extremely pleased with both the attendance and the attitude of the convention delegates when the convention was over.

The final registration was both surprising and satisfying to the Committee. We had predicted 850 dentists due to the poor economic conditions in Canada at the time. Our prediction was low, and therefore our final budget (as attached) went from a breakeven to a profit of approximately \$30,000.

Registration consisted of:

|                     | <u>Predicted</u> | <u>Final</u> |
|---------------------|------------------|--------------|
| Dentists -          | 850              | 1,441        |
| Dental Hygienists - | 300              | 489          |
| Dental Assistants - | 300              | 497          |
| Technicians -       | -                | 90           |
| Spouses -           | 250              | 545          |
| Exhibit Personnel - | 450              | 600          |
| Total               | <u>2,150</u>     | <u>3,662</u> |

A registration form was developed to accommodate dentists, spouses, auxiliaries and guests to be sent to CDA headquarters for processing. On-site registration was handled by the CDA staff and volunteers for the dentists, spouses, students and guests. The Hygienists' and the Assistants' organizations were responsible for their own on-site registration. Early and late dental registrations (\$195 and \$225) were established with August 1st, 1983 as the early registration cut off date. Special registrations were given to the following groups:

1. Clinicians
  - (a) Headline Speakers - full complimentary
  - (b) Panel Members - scientific registration only (no social tickets)
  - (c) Table & Chair Clinics - no complimentary registration (name badges for their clinical sessions were supplied for those who did not wish to register for the Convention)
  - (d) Student Table Clinicians - full complimentary
2. CDA Guests and Spouses (such as Dr. Aggaryd, President of the FDI) - full complimentary
3. CDA Past Presidents - full complimentary
4. CDA Management Committee - full complimentary
5. CDA Honourary Members - full complimentary
6. CDA Life Members - Scientific registration only (no social tickets)
7. CDA Staff working Convention - full complimentary
8. Convention Committee - full complimentary
9. President and Executive Director of the province where the meeting was held - full complimentary
10. Students - scientific registration only (no social tickets)



The Canadian Pacific Airlines was approached to be the official airlines for the convention by Mr. Drouin and they supplied two complimentary tickets for an early registration incentive draw. Pre-registration was extremely important for the Convention Committee and registration staff in order to gauge numbers of attendees. We were disappointed that only 684 Dentists; 333 Hygienists; 265 Assistants; and 304 Spouses pre-registered by August 1st for the meeting. (43.3% of total registration).

Pre and post convention tours were arranged locally through Hagens Travel. Participation was marginal but expenses for publicity was covered by Hagens except for translation costs. We felt that tours originating from the convention site could be arranged more knowledgeably by local travel bureaus.

### Scientific Program

The Committee's major goal was to present a dental program covering as many areas as possible. The dentally oriented program was enthusiastically received by those who attended the lectures. The concept of short lectures and panel discussions was successful by providing a program that had a multitude of choices for the registrants. The overall scientific program was developed one year prior to the convention with confirmation by the clinicians and the moderators of each panel. Table clinics and chair clinics were confirmed four months prior to the convention. Early selection of lecturers and clinicians is important to establish the position in the program, designation of lecture rooms and publicity. The auxiliaries established their own scientific programs with some sharing of speakers. The dentists' program was open to all registrants where lecture room size allowed. The open or closed lecture concept and position of lectures was also developed with concern for the auxiliaries' and spouses' programs so that it would not dilute attendance at their own lectures. The table and chair clinics were placed in small rooms with two to three clinics per room. This format was well accepted by the clinicians although local arrangements were more difficult. TV presentations of chair clinics utilizing study club members as cameramen were attempted with good success.

The Convention Committee had several requests by commercial organizations to present lectures or clinics. We did not accept any of the requests for we felt they might compromise the program and the exhibitors.

The clinicians' honoraria should be standardized across Canada to develop uniformity with CDA conventions. There is a wide variation across the United States causing confusion amongst clinicians. We established \$700 for a full day lecture; \$500 for a half day lecture, payable in U.S. funds to U.S. speakers and Canadian funds to Canadian speakers. There will always be speakers who will want to negotiate a different amount, and the Committee must be flexible in order to attract certain types of speakers. Our concept of \$500 per half day was extended to each panel to be divided equally between all panelists.

### Social Program

The success of our social program was due to a very dedicated, hard-working committee and excellent assistance by the Hotel Vancouver both in their production of the program and their flexibility to our large, late registration. The fun run was well organized by the dental hygienists and attended by approximately 300 members. The Sunday night registration party was designed not only for entertaining the guests but also for renewing old acquaintances. The Monday night wine tasting party was an informal gathering allowing members to meet and choose from a selection of restaurants where a host presided. All registrants were invited to participate Sunday and Monday evenings with auxiliaries subsidizing the expenses by \$25 per person.

The president's gala evening was highly successful and it was unfortunate that only 420 people could be seated due to lack of space. This type of evening with quality entertainment should be included in program activities but cannot be part of the registration package due to the restriction of numbers who may attend. This function was subsidized by the Convention budget.

The luncheon and breakfasts in the exhibit area were required to provide exposure for the exhibitors. The concept was good, however the Hyatt Regency did not handle the events as well as we expected.

One of the reasons for the success of our social program was the restriction on formalities and speeches to the CDA installation luncheon.

### Local arrangements

This task was extremely well attended to by the committee. Dr. Mann's report in the Convention Manual explains these duties. The clinicians were very appreciative of local arrangements activities, and particularly audio visual requirements.

The concept of simultaneous translation which we originally felt was necessary should be reviewed. The expense was not warranted considering that registration figures indicated that 82 members attended the convention from Quebec but only one translation device was used throughout the entire convention at a cost of \$4,000.

The Continuing Education credits which were required by several provinces should be arranged early with those provinces requiring detailed attendance information. Color coded cards which were deposited by attendees at each lecture proved to be an adequate system, however dentists licensed in more than one province proved to be a problem. Also dental hygienists in British Columbia have education requirements.

### Other Groups

Groups participating in the Convention program should be represented on the convention committee by their chair person so that there is no confusion as to what is being planned and whose responsibility it is to carry out expected duties.



### Spouses' Program

The spouses' program was very successful because of the enthusiastic committee chaired by Mrs. Doreen Ramage who produced a varied program which drew a very large registration.

### Auxiliary Programs

The CDHA program chaired by Mrs. Evelyn McNee and the CDAA program chaired by Mrs. Marlane Paquin were very well organized and added to the overall success of the convention.

### Specialty Groups

Specialty groups that met during the convention added to the technical sessions by supplying speakers. However registration procedures for the specialists should be developed and a policy set by CDA that will be mutually acceptable to the Convention Committee and the other groups.

### Publicity

Publicity for the CDA Convention as established by present policies should be reviewed. The committee felt strongly that more input could be developed by the committee through a liaison person at the site of the convention. We would recommend hiring a local PR person to handle the local media contacts, lack of exposure was a disappointing area of the convention.

### Summary

To summarize, the changes we would recommend to future Convention Committees:

1. Convention facilities would be more ideal in one place, i.e. a Convention Centre.
2. Translation costs should be reviewed with regard to convention sites in Canada.
3. Organization of the pre-convention and convention program in French and English should be reviewed to make the programs easier to follow.
4. Publicity - Develop better liaison with the convention committee and hire a local PR firm for media contact.
5. Budget - plan for a non-profit budget but be prepared for overruns due to variations in registration. Calculation of the CDA costs for administration and publicity should be more accurate as a result of this convention's information base.

- 6 -

The success of the 1983 CDA Convention in Vancouver was due to the hard-working, dedicated committee along with Linda Teteruck of the CDA staff who spent many hours planning and arranging for the convention. The clinicians, technical staff and hotel staff certainly added to the success of the CDA Convention.

Respectfully submitted,  
Dr. Ted Ramage

ADOPTION OF REPORT

*The Board of Governors accepts the report of the Convention Committee with sincere appreciation.*

CANADIAN DENTAL ASSOCIATION  
FINANCIAL STATEMENTS

ANNUAL CONVENTION REPORT AS AT DECEMBER 31, 1983

|                         | <u>Total to<br/>Date</u> | <u>Budget</u>    |
|-------------------------|--------------------------|------------------|
| <u>REVENUE</u>          |                          |                  |
| Exhibition Booths       | \$ 73,836                | \$ 60,500        |
| Registration: Early     | 153,255                  | 107,250          |
| Late                    | 87,190                   | 67,500           |
| Spouses                 | 23,343                   | 12,500           |
| Social Events           | 19,556                   | 16,000           |
| Auxiliaries             | 16,734                   | 10,700           |
| Interest                | 4,470                    | 12,000           |
|                         | <u>\$378,384</u>         | <u>\$286,450</u> |
| <br><u>EXPENDITURES</u> |                          |                  |
| Programs - Scientific   | \$ 26,679                | \$ 30,000        |
| - Spouses               | 16,698                   | 11,500           |
| Sunday Opening          | 60,590                   | 33,000           |
| Monday Evening          | 13,798                   | 10,000           |
| Tuesday Evening         | 33,416                   | 31,000           |
| Meals                   | 51,191                   | 60,000           |
| Exhibits                | 26,890                   | 34,500           |
| Host                    | 894                      | 5,000            |
| Administration          | 53,547                   | 15,000           |
| Promotion               | 50,964                   | 32,000           |
| Mailing                 | 12,767                   | 14,000           |
| Sundry                  | 3,083                    | 10,000           |
|                         | <u>\$ 350,517</u>        | <u>\$286,000</u> |

## EDITORIAL BOARD

REPORT OF THE EDITORIAL BOARD TO THE 1984  
INTERIM MEETING OF THE CDA BOARD OF GOVERNORS

The decision to no longer send the CDA Journal to non-members has been implemented with the February issue of the Journal. The Editorial Board recognizes that there has been concern that reduced circulation will have impact on the Journal's appeal for advertisers. However, the results of a readership study have indicated that readers are looking for changes in the Journal. A number of other factors, including a prolonged absence due to illness of the editor, Mr. Clarence Metcalfe, have resulted in the need for urgent administrative action in response.

A consulting firm with demonstrated expertise in the design and layout of periodicals and publications, Banfield-Seguin, has been engaged to revamp the Canadian Dental Association Journal and provide a clear new look that will be apparent to readers and advertisers alike. The February issue is the result. Layout of this issue has been the responsibility of Banfield-Seguin and there are a number of options for handling the layout of future issues. The Editorial Board will need to meet in March or April to review these options and the success of the first issue in the new format.

The revamped Journal is one immediate response intended to reduce the impact of removing non-members from our circulation list. A second and related response is the reception in Toronto for advertisers which the members of the Editorial Board have been invited to attend. A brief audiovisual presentation will introduce the new Journal to our advertisers. It will highlight how the Journal has evolved over the years, how the new Journal will stimulate greater reader interest and how the Journal is the sole official voice of the Dental profession at the national level. Colour transparencies will illustrate the new approach and contrast it with previous approaches employed since the founding of the Journal in 1935. The new look is attractive. I also expect that the Executive Council will find -- both from examination of the February issue and from the audio-visual presentation -- that the new Journal comes to grips with a number of concerns identified by the readership study. A membership campaign is also underway, however, and should effectively complement the introduction of the new Journal. I believe there is reason to hope that these changes will appeal to our member-readers and attract back some who have been dropped from the circulation list.

At the same time, some further administrative and editorial support for the Journal is now being provided on an ad hoc basis by Mr. Brian Henderson, who has joined CDA in December as the new Director of Accreditation. Mr. Henderson has been a regular contributor to the Canadian Medical Association Journal and editor of another CMA publication, "Allied Medical Education Newsletter". He has been of considerable assistance in the past two months -- a period during which the new Journal was launched and which corresponded partially with Mr. Metcalfe's absence. Ms. Hackland's contribution during this period is also gratefully acknowledged.

I hope that the Executive Council will agree that the measures which have been taken, on an urgent basis, over this two month period, are appropriate. As noted, there will be an opportunity in March or April, to review their effectiveness and influence further developments.

Respectfully submitted,

Dr. A.E. MacLeod, Chairman  
Editorial Board

#### ADOPTION OF REPORT

*The Board of Governors receives the report of the Editorial Board with appreciation.*

Mar. 1984

## PRODUCT ACCEPTANCE

## REPORT TO THE 1984 INTERIM BOARD OF GOVERNORS

Members: Dr. B. Chapple, Chairman  
Dr. R.Y. Barolet  
Dr. G. Nikiforuk  
Dr. R. Roydhouse  
Dr. J. Speck  
Dr. W.C. Sturtridge

Committee Meetings

1. The Product Acceptance Committee has held three meetings since the last Board of Governors meeting, namely November 9th in Toronto, a conference call meeting on December 12th, and a meeting held in Ottawa on February 3, 1984.

2. Advertising

A number of complaints, emanating from the last Board of Governors meeting, together with letters received by CDA and Health Protection Branch, Health & Welfare, resulted in a request by the Committee for withdrawal of the "eraser" portion of the Proctor and Gamble Crest television advertising.

Assurance was received from the company that this will be withdrawn in the new ad copy; however there was a commitment to the former copy until 1984, at which time the change will take place in film production.

3. In keeping with the terms of reference for the Product Acceptance Committee, advertising copy is reviewed on a regular basis and this includes ads for the print media, radio and television.
4. Participation at Committee meetings has been invited from Health and Welfare, in the persons of Dr. T. Dubas (Health Protection Branch), and Dr. D. Ross (Senior Dental Consultant). The Committee will be working more closely with Health Protection Branch on advertising claims and other common concerns with dental products.

5. Renewals

The following products have been accepted for renewal by the Product Acceptance Committee:

|                          |                       |
|--------------------------|-----------------------|
| Beecham Canada Inc.      | Aqua Fresh Toothpaste |
| Colgate Palmolive Canada | Colgate Toothpaste    |
| Warner Lambert           | Listerminet Mouthwash |

## PRODUCT ACCEPTANCE

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### New Application

6. An application from Colgate Palmolive Canada for a new product - Dentagard, was approved by the Product Acceptance Committee.
7. Other contracts were considered by the Committee and did not at this time meet with members' approval.

### 8. Increase in Application and Renewal Fees

Because of elevating costs over the past several years, the Committee recommends to the Executive Council that there be a fee increase to the manufacturers of dentrifrice and mouthrinse products as listed:

|                |                   |                     |
|----------------|-------------------|---------------------|
| a) Application | Present - \$4,000 | Increase to \$5,000 |
| b) Renewal     | Present - \$1,000 | Increase to \$2,000 |

### RESOLVED:

- 84.14 *THAT the application fee to manufacturers of dentrifrice and mouthrinse products be \$5,000 and the renewal fee be \$2,000 be approved.*

ADOPTED

Respectfully submitted

B. W. Chapple, Chairman  
Product Acceptance Committee

### ADOPTION OF REPORT

*The Board of Governors receives the report of the Product Acceptance Committee with appreciation.*



## REPORT OF THE MEMBERSHIP COMMITTEE

Members: Dr. W.R. Thompson, Chairman  
Dr. B.W. Holmes, Ontario  
Dr. R. Hurley, Quebec  
Dr. L. Tomkins, Ontario  
Dr. J. Laporte, Quebec

Mr. H.E. Drouin, Executive Director  
Mrs. J. Scrimger, Director of Administration  
Miss L. Teteruck, Director of Educational Services

A meeting of the Membership Committee was held on December 16, 1983. With the exception of Dr. Laporte all committee members were in attendance as well as Dr. R. Crawford, CDA President-Elect and CDA staff members.

The meeting reviewed the 1983 campaign especially the effectiveness of the "phone blitz" conducted in February, 1983 and also the experimental use of a commercial company to undertake a telephone campaign. The results of the test using a commercial company (telemarketing) proved completely unsatisfactory and the "phone blitz" by our own members proved extremely time consuming for a limited number of volunteers. In addition, it was most difficult to contact many potential members without numerous attempts and in most cases with inconclusive results.

It was therefore determined that the 1984 campaign would be primarily concentrated on a number of direct mailings to Ontario and Quebec dentists; some telephone contact to the newer graduates by Drs. Hurley and Tomkins; promotion of membership in the CDA and other Journals; and speeches by CDA representatives to component dental societies.

As in previous years the campaign commenced unofficially with campus activities such as 'Welcome to the Profession' receptions at the dental faculties for first year students and in most cases talks to all dental students on the activities of the CDA.

The first membership mailing consisted of the following letters dated October 27, 1983:

1. Renewal  
English and French letters (as appropriate) to all 1983 members.

2. Non Members  
English and French letters (as appropriate) to all non-members in 1983.  
Quebec and Ontario letters were individualized by province to indicate the percentage of CDA membership in their respective province.
3. Graduate  
English and French
4. Associate Members  
English and French

All of the above letters were sent with the new membership brochure, a membership invoice, and a business return envelope.

#### Second Mailing

The second mailing was dated December 1, 1983 and consisted of:

1. Non-members  
English and French letters to all non-members in 1983.
2. Renewal and Associate  
The same letter was forwarded to each. These letters were forwarded with an invoice and a business return envelope.

The number of membership applications after the first mailing was much slower than the previous year, especially in Ontario. After the second mailing, however, the rate of returns increased and since January 1, 1984, the number of members in both Ontario and Quebec has closely paralleled the 1983 returns.

#### Third Mailing

The third membership mailing was sent out in February, 1984 but in many cases not direct. Specific areas were identified and non-member notices were sent through membership committee members for distribution to volunteers who were asked to add a note of personal encouragement for the dentist to join the CD.

A final letter will be sent to non-renewals after March 31, 1984 indicating their membership in CDA has terminated.

#### Membership Card

A new membership card was introduced this year in three parts, as follows:

1. membership card with clearer printing
2. proof of payment for income tax purposes
3. receipt for CDA member's records

## Membership Invoice

The membership invoice now incorporates the use of Visa cards. In future years an expiry date entry will be added and the possible addition of Mastercard and American Express will be explored.

## Membership Promotion

Membership promotion has been undertaken in the CDA Journal and in the Communiqué. Membership inserts, articles or editorials have been included in the Journal of the l'ordre des dentistes du Québec and in the Ontario Dental Association Journal. The possibility of inserts in specialty section or component society newsletters is being further explored.

Although some speeches regarding membership have been made, in future years, the major problem areas will be identified earlier in the campaign and arrangements made for a CDA speaker at a meeting of specific component societies.

The possibility of a joint membership campaign with the Ontario Dental Association is being further explored and the advantages and disadvantages to each association will be reviewed.

The Association is attempting to establish a system whereby a member joining in one of the mandatory provinces will receive his CDA member card at the time he pays his fee - not after his Provincial Association remits funds to the CDA. For 1984, New Brunswick and Saskatchewan expressed interest and were forwarded CDA membership cards to be issued to their dentists when they license.

## APPENDED

- A Membership figures 1984 for Ontario and Quebec  
as at March 9, 1984
- B Life Member Applications approved by Executive Council
- C Membership letters

Respectfully submitted,

W.R. Thompson, Chairman  
Membership Committee

### ADOPTION OF REPORT

The Board of Governors receives the report of the Membership Committee with appreciation.

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## 1984 MEMBERSHIP

AS AT MARCH 9, 1984

|                                    | <u>ONTARIO</u> | <u>QUEBEC</u> | <u>OTHER</u> | <u>TOTALS</u> |
|------------------------------------|----------------|---------------|--------------|---------------|
| 1984 RETURNS<br>WEEK NO. <u>18</u> |                |               |              |               |
| ACTIVE & AFFILIATE                 | 2,570          | 1,095         | 11           | 3,676         |
| ASSOCIATE                          | 65             | 37            | 49           | 151           |
| POST GRAD STUDENTS                 | <u>5</u>       | <u>9</u>      | <u>-</u>     | <u>14</u>     |
| 1984 PAID MEMBERS                  | <u>2,640</u>   | <u>1,141</u>  | <u>60</u>    | <u>3,841</u>  |

|                                             |              |              |           |              |
|---------------------------------------------|--------------|--------------|-----------|--------------|
| 1983 RETURNS<br>REPORTED WEEK NO. <u>18</u> |              |              |           |              |
| ACTIVE & AFFILIATE                          | 2,547        | 1,143        | 14        | 3,704        |
| ASSOCIATE                                   | <u>84</u>    | <u>48</u>    | <u>64</u> | <u>196</u>   |
| 1983 PAID MEMBERS                           | <u>2,631</u> | <u>1,191</u> | <u>78</u> | <u>3,900</u> |

TOTAL PAID MEMBERS AS AT MONTH  
OF AUGUST IN PRIOR YEARS':

|      |       |       |
|------|-------|-------|
| 1983 | 2,697 | 1,267 |
| 1982 | 2,495 | 1,277 |
| 1981 | 2,586 | 1,240 |

|                                                      |     |     |
|------------------------------------------------------|-----|-----|
| 1983 TOTAL MEMBERSHIP<br>AS A % OF LICENSED DENTISTS | 66% | 55% |
|------------------------------------------------------|-----|-----|

TOTAL MEMBERSHIP INCLUDES LIFE MEMBERS, PAST PRESIDENTS AND NEW GRADUATES FOR  
THE YEAR. TOTALS FOR 1983 WERE:

3,138 / ONTARIO                      AND                      1,487 / QUEBEC

NOTE: POST GRAD STUDENTS ARE A COUNT OF PREVIOUS DENTAL  
MEMBERS RETURNING TO STUDIES AND RETAINING MEMBER-  
SHIP WITH SPECIAL STUDENT FEE STATUS. THEY ARE  
INCLUDED TO AVOID DISTORTION OF COMPARISON  
FIGURES BUT ARE NOT INCLUDED WHEN CALCULATING  
MEMBERS FOR NUMBER OF BOARD SEATS.

## CANADIAN DENTAL ASSOCIATION

The following Dentists' applications for Life Membership were ratified by Executive council when meeting in November, 1983 and February, 1984.

| <u>NAME</u>         | <u>PROVINCE</u> | <u>YEAR OF GRADUATION</u> | <u>YEAR OF BIRTH</u> |
|---------------------|-----------------|---------------------------|----------------------|
| Dr. M. Back         | Ont.            | 1944                      | 1921                 |
| Dr. H.N. Beach      | Ont.            | 1946                      | 1914                 |
| Dr. J.J. Brake      | Ont             | 1950                      | 1918                 |
| Dr. L. Dutkewych    | Ont.            | 1964                      | 1919                 |
| Dr. W.R. Fletcher   | Ont.            | 1943                      | Unknown              |
| Dr. B. Gross        | Ont             | 1941                      | 1918                 |
| Dr. M.B. Kronick    | Ont.            | 1942                      | 1916                 |
| Dr. L. Metrick      | Ont.            | 1951                      | 1917                 |
| Dr. D.S. Moore      | Ont.            | 1943                      | 1916                 |
| Dr. V.A. Ovens      | Ont.            | 1944                      | 1919                 |
| Dr. G. Rennie       | Ont.            | 1952                      | 1918                 |
| Dr. L. Rollaston    | Ont             | 1937                      | 1910                 |
| Dr. R.L. Scott      | Ont.            | 1943                      | Unknown              |
| Dr. B.R. Smyth      | Ont.            | 1943                      | 1921                 |
| Dr. M. Talvet-Tamme | Ont.            | 1954                      | 1916                 |
| Dr. J.A. Robinson   | Sask.           | 1953                      | 1917                 |
| Dr. A.L. Rothstein  | Sask.           | 1943                      | 1918                 |
| Dr. C.M. Compton    | Alta.           | 1949                      | 1916                 |
| Dr. A.K. Buckwold   | B.C.            | 1946                      | 1913                 |
| Dr. S.B. Gelfand    | B.C.            | 1942                      | 1915                 |
| Dr. B.E. Metcalfe   | B.C.            | 1951                      | 1918                 |

## CANADIAN DENTAL ASSOCIATION

The following Dentists' applications for Life Membership were ratified by Executive council when meeting in November, 1983 and February, 1984.

| <u>NAME</u>        | <u>PROVINCE</u> | <u>YEAR OF GRADUATION</u> | <u>YEAR OF BIRTH</u> |
|--------------------|-----------------|---------------------------|----------------------|
| Dr. G.E. Mallam    | Nfld.           | 1937                      | 1910                 |
| Dr. L.I. Duffy     | P.E.I.          | 1937                      | 1910                 |
| Dr. B. Menasce     | N.S.            | 1944                      | 1917                 |
| Dr. J.D. McLean    | N.S.            | 1942                      | 1920                 |
| Dr. V.M. Nickerson | N.S.            | 1942                      | 1919                 |
| Dr. J.R. Vaughan   | N.S.            | 1942                      | 1915                 |
| Dr. A.D. Bona      | N.B.            | 1951                      | 1918                 |
| Dr. B. Duguay      | N.B.            | 1947                      | 1919                 |
| Dr. E.J. Robichaud | N.B.            | 1951                      | 1918                 |
| Dr. J.T. Thompson  | N.B.            | 1944                      | 1919                 |
| Dr. G.H. Bernier   | Que.            | 1940                      | 1915                 |
| Dr. V.B. Griffiths | Que.            | 1950                      | 1916                 |
| Dr. R.F. Harvey    | Que.            | 1941                      | 1917                 |
| Dr. M. Mercier     | Que             | 1945                      | 1918                 |
| Dr. D. Michaud     | Que             | 1946                      | 1917                 |
| Dr. J. Pouliot     | Que.            | 1942                      | 1917                 |
| Dr. J. Rauch       | Que.            | 1942                      | 1916                 |
| Dr. M. Raymond     | Que.            | 1945                      | 1918                 |
| Dr. A. Vienneau    | Que.            | 1951                      | 1919                 |

## TAXATION COMMITTEE REPORT

February 6, 1984

Members: Dr. Robert N. Hicks, Chairman  
 Dr. P. Ralph Crawford  
 Dr. William R. Thompson

The following report constitutes an update on the activities of the Taxation Committee.

# 1. PRE-TAX PENSION CONTRIBUTIONS

In 1982, the CDA Taxation Committee assembled a Joint Professional Committee (Can. Dental Assoc., Can. Medical Assoc., Can. Institute of Chartered Accountants, Can. Bar Assoc.) to study methods for increasing access to pre-tax pension contributions for small businesses of individuals in Canada that could be accepted by the Federal Government. It was the intent to follow up the initial study with a letter to the Minister of Finance identifying the highlights of our study and offering a brief to detail the particulars of our findings.

As stated in our previous report, a Task Force on Pension Reform was established by Parliament coincident with the timing of our letter to the Minister. Therefore, the Joint Committee decided to accelerate their activities and present a detailed brief to the Task Force in October, 1983. A copy of this Brief is available in the CDA Resource Centre. The Parliamentary Task Force on Pension Reform Report (January, 1984 - Copy available in CDA Resource Centre) contained 65 recommendations. The main recommendations pertaining to major issues presented by the Joint Professional Committee Brief were:

- (a) Joint Professional Committee: "The tax system should be fair and equitable to all taxpayers regardless of their particular circumstances of employment." Employees have the potential to set aside annually up to \$1,500 more for their retirement on a tax deferred basis than self-employed individuals who have \$5,500 RRSP limits.

Parliamentary Task Force: "The Task Force recommends that the limits on contributions to tax-assisted retirement saving plans be amended so that the same comprehensive limit applies regardless of the retirement savings vehicle or combination of vehicles used."



- (b) Joint Professional Committee: Attention was drawn to the fact that 'past service' contributions could be utilized by employees for years they did not contribute the maximum contribution allowable in their pension plans whereas this benefit is not available to the self-employed relying solely on RRSP's for pension income.

Parliamentary Task Force: "The Task Force recommends that the limits on contributions to tax assisted retirement savings plans be amended so that for workers with the same total earnings during their working years, the same comprehensive limit applies irrespective of differences in year by year earnings patterns. In practice, the comprehensive limit might apply to contributions, to funds accumulated, to maximum pension payable or to some combination of these. Thus no recommendation is made regarding the precise way in which the limit is to be implemented.

- (c) Joint Professional Committee: Recommended that a comprehensive deduction limit be implemented that would permit an aggregate pension of not more than one and one half times the average wage. At the present time, \$5,500 contribution annually for 35 years would produce one half of this amount (assuming both pension and contribution limits were indexed). Indexing of the limit and the contribution are imperative.

Parliamentary Task Force: "...recommends that

- (i) the comprehensive maximum pension limit be set at one and one half times the average wage, or at a level whereat most 90% of the paid labour force can save, on a tax assisted basis, enough to achieve full maintenance of net living standards on retirement without running into the limit;
- (ii) if the value of pension accrual or accumulation of retirement savings in tax assisted vehicles exceeds the maximum pension limit, the excess amount be subject to a tax equal to the amount of tax assistance already received;

- (iii) The comprehensive maximum pension limit be automatically indexed each year in line with the average wage and salary index proposed ...or a similar indicator;
- (iv) Implementation of any proposal for a comprehensive maximum pension limit be subject to a full process of consultation and allow substantial lead time for necessary adjustments to existing plans.

Additional recommendations of the Parliamentary Task Force on Pension Reform affecting self-employed individuals involved the creation of a registered pension account - possibly in place of RRSP's - which would have an incentive to contribute but a restriction on removing funds until retirement or a retirement age (set date) was reached. Further significant recommendations were:

(a) Spousal Registered Pension Accounts

"The Task Force recommends that contributions to a Spousal RPA be eligible for the tax incentive even if these contributions, when combined with contributions to his or her own RPA exceed the taxpayer's own comprehensive limit, provided they do so by no more than 15%. This percentage should be more than sufficient to cover the additional costs of a joint life/last survivor annuity over the cost of a straight life annuity."

(b) Significant Shareholder Pension Plan

"The Task Force recommends that small business owner-managers be allowed to set up significant shareholder plans, provided reasonable and effective comprehensive limits on tax assisted retirement savings along the lines proposed ... are in place."

Summary:

While the Parliamentary Task Force Report recommendations in the area of tax assisted retirement savings are admittedly general, it is encouraging to see that the Task Force accepted the Joint Professional Committee's deep concern about the present state of retirement savings for the self-employed. It is hoped that the Finance Department Discussion Paper is equally responsive to the present needs of the self-employed, and that the Finance Department takes to heart the recommendations of the Parliamentary Task Force Report.

2. PROFESSIONAL MANAGEMENT COMPANIES

A letter to Mr. John Robertson, Director General, Revenue Canada, from CDA was delivered in November, 1983 (App. I). The response from Mr. Robertson was received in January, 1984, (App.II). His response is a re-statement of the Department's answers to our many questions and disagreements over the past 18 months.

App.I  
App.II

The major accomplishment to date is that Revenue Canada has reversed its decision on "double taxation". The Department informed me that "credit" will be given for taxes previously paid on profits generated by Professional Management Companies when any portion of such profits are transferred back to (and taxed against) the professional's income.

The remaining major issues still remain unchanged and therefore I am seeking a meeting with the Minister of Revenue Canada in the third week of February, 1984.

Many, many dentists are responding to our request in the December CDA Communiqué to present their views on this issue to their Member of Parliament and to the Minister of Revenue Canada.

A group of three Toronto-area dentists have established "The Organization of Professional Management Companies". The purpose of this organization is to raise funds to support the court costs of individual assessment appeals by selected management companies in the Federal Courts and also to fund a lobby of the Ontario Government to enact legislation permitting professionals to incorporate in their province. The CDA Taxation Committee has had conversations with one of the Directors of this organization and has been informed that they have obtained legal council within the same legal firm utilized by the CDA. There is coordination of information on the support of "Federal Court action" between this organization and the CDA Taxation Committee.

3. SALARIED DENTISTS

The newly formed Committee on Salaried Dentists has requested the CDA Taxation Committee to reconsider presenting a request to Revenue Canada for the availability of tax deductions for continuing education expenses for salaried dentists. The CDA Taxation Committee will be presenting a letter on this issue to Revenue Canada in the immediate future.

4. CUSTOM DUTY ON CONTINUING EDUCATION VIDEO CASSETTES

A request has been received from a Canadian dentist for the CDA Taxation Committee to investigate Revenue Canada's ruling that duty must be paid by individuals when importing continuing education video cassettes. The Committee will seek information on this issue and report their actions and findings in the next Taxation Committee Report.

Respectfully submitted,

A handwritten signature in cursive script, reading "Robert N. Hicks".

Robert N. Hicks, DDS, MS,  
Chairman

ADOPTION OF REPORT

*The Board of Governors receives the report of the Taxation Committee with appreciation.*

TAXATION COMMITTEE REPORT

Addendum to February 6, 1984 Report

MEMBERS: Dr. Robert Hicks, Chairman  
Dr. William Thompson  
Dr. Ralph Crawford

Since our February report, a number of important events have occurred that warrant an update on our Interim Board of Governors meeting report.

1. Pre-Tax Pension Contributions

The recent federal Budget Speech included many changes to improve access for pre-tax pension contributions by self-employed Canadians. Appendix III is a summary of the Budget Speech as it relates to the dental profession and highlights these greatly improved pension provisions. As you are all aware, these proposals are not law as of yet. However, when they do become law, they will correct many inequities that have existed for a long time.

APPENDIX  
III

When one compares the taxation committee's February 6/84 report on the presentation of the CDA initiated Joint Professional Committee to the Parliamentary Task Force on Pension Reform, it is evident that the professions involved had a major impact on the final decisions reached in the preparation of the Budget Speech.

A CDA Communique is being prepared which will include all of the Budget Speech issues that relate to our profession.

2. Professional Management Companies

The President of the CDA met the Minister of Revenue on February 23, 1984 to discuss CDA's concern about the current auditing practices of Revenue Canada as they relate to Professional Management Companies. A copy of the President's letter to the Minister outlining our concerns is attached as Appendix IV. The Minister stated he would respond to the CDA within two weeks.

APPENDIX IV

The CDA has been invited to present their views to the Progressive Conservative Task Force on Revenue Canada and has agreed to present on March 19, 1984. In addition, CDA will be presenting a brief to the Revenue Canada initiated Woods Gordon study into departmental operations.

It should also be noted at this time that the recent Budget Speech proposed a return to the 25% tax rate for Professional Management Companies.

A letter was received by CDA from Mr. John Robertson, Director General Audit Directorate, Revenue Canada outlining important issues he felt required attention by our Association. A copy of this letter is attached as Appendix V. It is important to note that Mr. Robertson emphasizes that spouses should not be working for Professional Management Companies -- but instead should be on the payroll of the professional. CDA Taxation Committee has brought this fact to the attention of the Board on previous occasions. The current Communique will reinforce this recommendation to our members.

APPENDIX V

It is also important to note in Mr. Robertson's letter that the Department has reversed their stand on "Double Taxation" issue in audits of Professional Management Companies. Needless to say the Taxation Committee feels the CDA can take some credit for influencing this decision.

Respectfully submitted

Robert N. Hicks, D.D.S., M.S.  
Chairman  
Taxation Committee



CANADIAN DENTAL ASSOCIATION / L'ASSOCIATION DENTAIRE CANADIENNE

1815 ALTA VISTA DRIVE, OTTAWA, ONTARIO, CANADA K1G 3Y6  
TELEPHONE (613) 523-1770

OFFICE OF THE PRESIDENT

November 7, 1983

Mr. J.R. Robertson,  
Director General,  
Compliance Directorate,  
Revenue Canada, Taxation,  
875 Heron Road,  
OTTAWA, Ontario  
K1A 0L8

Dear Mr. Robertson:

RE: PROFESSIONAL MANAGEMENT COMPANIES

Further to our meetings and discussions over the past few months with you and your staff, and on the recent suggestion of Mr. David Burton, we set out in this letter a summary of our Association's very deep concerns and frustrations with what appears to be Revenue Canada's unyielding approach to the taxing of professional management companies and related professionals. My purpose is to be constructive and my hope is that a greater sense of realism and fairness may result, all in accordance in our view of the law on the subject. As you are aware, we have retained tax counsel, David I. Matheson, Q.C. of McMillan, Binch to assist us; and his counselling is reflected in this submission.

Our particular concern is in respect of two items:

- (1) Reasonable charges by professional management companies; and
- (2) Related assessing practice.

1. REASONABLE CHARGES

Most dentists in Canada who have entered into non-arm's length service contracts with professional management companies have in our opinion been for a number of years properly claiming service fee expenses under relevant tax laws and in accordance with Interpretation Bulletin No. IT 189 by expensing a cost plus 15% fee for services rendered by such companies. Studies have shown that such a fee arrangement results in a management fee



equal to approximately 14% of the total expenses of a typical dentist's practice. In this regard, see below our references to the studies for the Association by R.K. House & Associates.

Professional practitioners for a number of years have been led to believe from tax cases (such as the Holmes case), tax advisors and Revenue Canada that a 15% mark-up approach on management fees in respect of all services rendered to them is reasonable for expense purposes and accepted by Revenue Canada.

Your Bulletin IT 189 provides that a management company should charge an appropriate total amount for services which reflect a reasonable profit. "Reasonable" as described in the Bulletin is what would be charged in the free market for the same services.

Regretfully, many members of our profession and related professional management companies across Canada have been reassessed, frankly in an extraordinarily aggressive and inconsistent manner in many instances, on the general basis that the aforementioned practice is suddenly no longer accepted by Revenue Canada. What is most disconcerting is that, even if the change in the assessing practice was correct in law, which we strongly suggest is not the case, such a drastic change was not preceded by any timely advance notification of a material policy change to those subject to the change and who honestly felt that they were complying with the law and Interpretation Bulletin IT.189, who were led to believe as mentioned that the 15% mark-up approach was accepted by Revenue Canada and who probably would have been prepared to comply with such change after notification even though they may have disagreed with such change.

As a result of our communications and meetings with you and your staff, we conducted surveys and distributed questionnaires across Canada on the subject, and outlined to your office some of the statistical results thereon.

As well, we retained R.K. House & Associates, a very informed and reputable organization which provides economic and statistical studies on professions in Canada, to do Canadian dental practice profiles on arm's length professional management service charges, non-arm's length charges and Revenue Canada's reported assessment approach on acceptable fees. They were reluctant to release their completed studies to us without getting a more accurate confirmation from Revenue Canada as to its current policy and assessment practice on reasonable fees. In this regard, we refer you to the letter to your Mr. Burton from Mr. Matheson dated July 22, 1983 and the study drafts enclosed with it. Your Mr. Burton provided to Mr. Matheson by telephone more accurate information on your policy and assessing practice so that the study drafts could be properly completed. R.K. House & Associates is now running off complete copies of their studies for distribution to you and the Association.

In summary, based upon such information and the studies, in an average practice profile of a dentist with 1981 gross revenue of \$175,138 and expenses of \$106,261, it appears that Revenue Canada would generally speaking as a hardline rule of thumb allow a non-arm's length professional

practitioner to claim a management service expense of up to approximately \$4,500 (4.2% of the total expenses applicable to the average practice). This is in contrast with the study's example of an average arm's length fee of \$18,724 (17.6% of such total expenses) and the study's example of an average non-arm's length fee of \$15,154 (14.3% of such total expenses).

We submit that Revenue Canada's assessment of what is a reasonable charge in these circumstances is unrealistic to the extreme, and certainly is not justified when you analyze comparable arm's length situations of what is an acceptable overall charge. Incidentally, the Association is continuing to gather as much information as possible on comparable arm's length management service and fee arrangements.

There were certain additional points on specific disallowed expense items raised by Mr. Burton which merit the following comments by the Association:

(a) Paradental Staff Charges by a Professional Management Company

The Association was told by your office that a dentist would not be allowed to claim as an expense any mark-up over cost portion of a fee charged for parodontal staff by a non-arm's length professional management company. We understand the rationale for this is either (a) that since a parodontal staff member must be under the direction and control of a dentist in most jurisdictions, then such parodontal should only be employed by the dentist; or (b) that the dentist if he directly employed the parodontal would pay such person no more than the professional management company pays for such person.

We submit that the fact that a parodontal must be under the direction and control of a dentist does not necessarily mean in law that the services of the parodontal cannot be provided by a company and a professional cannot claim for tax purposes a service fee over cost for such services. As for such a service fee over cost portion of the charge for such parodontal, the concept of a professional management company is to enable the professional practitioner to do what he does best, concentrate on his professional job, and not on recruiting, administrative, management and provision of staff functions relating to his practice. It is just these kinds of functions which he is trying to get away from. We further submit that there are too many bona fide cases in which the dentist leaves such functions for a management company to do, and that it is not proper in law or in practice to simply arbitrarily disallow a practitioner's expense claim for all such mark-up over cost portion of such fees.

(b) Laboratory and Dental Supply Charges

The Association was told by your office that a professional management company's mark-up over cost portion of fees on laboratory and dental supply fees are not allowed as expense deductions to a dentist making such fee payments to a professional management company not at arm's length with him; and where there are no arm's length customers making similar payments to such company.

We submit that it is reasonable for such a company to make a reasonable profit on such items, that the test of reasonableness is found in the open marketplace, and that the dentist is entitled in law to claim the resulting reasonable charge therefor.

(c) Comparing Arm's Length Fees

The Association was told by your office that one should not use most arm's length fee arrangements for justifying non-arm's length fee arrangements since such arm's length fee arrangements justify a higher fee because the service is on a convenient part-time availability basis and involves a combination of a high degree of specialization, expertise and efficiency. In contrast, it was suggested that most non-arm's length services are on a full-time basis and often do not involve such specialization and expertise; and consequently the comparison is not appropriate.

We submit that such rationale ignores the fact that the full-time presence and often more personal and complete multi-service of a person or persons providing such services counterbalance and often more than offset any advantages that a part-time and more expertise service provides. Such an approach by Revenue Canada also begs the question as to whether or not in many arm's length examples the part-time expertise is in fact significantly better than that being provided in a non-arm's length situation.

In summary on reasonable charges, we submit that Revenue Canada's current application of the reasonableness of fee tests is not acceptable under the law. Our Association urges you to reconsider some of your conclusions on this matter. The Association is most willing to co-operate with you in gathering pertinent information and facts to assist in substantiating its position expressed in this letter.

2. ASSESSING PRACTICE

The public views, whether rightly or wrongly, such new assessing practice of Revenue Canada on "reasonable fees" as retroactive. As well, it views such practice as most inequitable and unfair. In many instances it is looked upon as far too punitive when one considers that most taxpayers involved had their same non-arm's length fee charges and expenses assessed, reviewed and approved time and time again over the years. Such taxpayers proceeded throughout such years under such circumstances with the honest belief that they were proceeding reasonably under the law and in a manner approved by Revenue Canada. Many of them are convinced that they have been and are correctly proceeding under the law as evidenced by numerous appeals being taken on the new assessments.

Your Minister recently acknowledged in a letter to a Canadian dentist that new guidelines were issued to assessors in 1980 (in fact we understand that this should have read 1981) and that "it may well be, that arrangements that our auditors may have once thought acceptable are now being questions" and:

"My Department's position is simply that a service corporation should be claiming only its own costs of rendering its services and where the services are provided non-arm's length to a professional(s) a mark-up of not more than 15% on these costs would be considered not unreasonable. The use of a service corporation does not and never did, in my view, entitle a professional to arbitrarily increase his own expenses by the simple device of having those expenses paid by another party."

No public communication of a change in Revenue Canada's method of auditing management companies' charges took place when new guidelines were initiated. The usual method of communicating significant changes in Revenue Canada's policy or guidelines with tax advisors (so that the taxpayer may comply) were not utilized, i.e. the Joint Committee Tax Advisory Committee and the Canada Tax Conference. No change to the Interpretation Bulletin relating to this activity (IT 189) was made. In effect, there was no way for the taxpayer to know that a previously accepted method of establishing management service fees was no longer accepted by Revenue Canada.

There is in our view a clear and unequivocal policy change by Revenue Canada which merits a far more equitable and fair transitional treatment than is currently being implemented by Revenue Canada. There has been continued implied and in some instances actual acknowledgements by Revenue Canada that a 15% mark-up approach on services is reasonable. There appears to be too narrow a perception by Revenue Canada on the overall importance and contribution of many professional management companies to non-arm's length professional practitioners; and there is too arbitrary and rigid an approach by Revenue Canada to the fee arrangements when one examines the norm of non-arm's length professional management company situations. The unequivocal public perception, whether right or wrong, is that the Government simply wants to get rid of non-arm's length service corporations. We submit that in most instances there is in fact substance and bona fide justification for the services and charges of such management companies.

It appears from a number of assessments provided to us from across Canada, our discussions with your office, and information available on tax appears that:

- (a) Revenue Canada's assessing policy is a rough and hardline rule of thumb to allow a service charge in a non-arm's length situation equal to approximately 4% of the overall expenses of an average practice, and not to be particularly concerned with some expense item by item differences between the taxpayer and the assessor.



- (b) Revenue Canada's assessing policy as a rough hardline rule of thumb is to disallow any expense claims by professional practitioners on mark-up over cost portion of fees charges by non-arm's length professional management companies for providing parentals and the like, laboratory services and dental supplies or the like.
- (c) Revenue Canada may for taxation years after 1981 be disallowing certain fees as expense deductions to professional practitioners but not at the same time allowing an appropriate adjustment to reduce the professional management companies income; thus a double tax treatment.
- (d) Revenue Canada in some district offices may be threatening to go back beyond 1979 on this new policy approach if taxpayers are not prepared to accept the new reassessments.
- (e) There are appeals pending in the Federal Court which deal with this reasonable fee issue.
- (f) There may be amendments made shortly to Interpretation Bulletin IT 189 relating principally to the new definition of "personal services business".

We submit in respect of the foregoing that:

- (a) The approach to look at the overall fee and not to look at specific item charges in isolation is in our view a proper one to take. However, the above-mentioned 4% approach is far short of being a true measure of what is a reasonable charge under the law.
- (b) Expenses claimed by dentists in respect of parentals, laboratories and dental supplies which include a reasonable mark-up over the professional management company costs should in most cases be allowed in full.
- (c) A severe double tax treatment as mentioned above should not be implemented, or at least not before there is a reasonable transition period and a timely advance publication of new assessing practices.
- (d) We understand from you that this kind of practice is not condoned, however, it is happening in the field!

- (e) Consideration should be given to deferring any new assessments and proceedings in respect of existing assessments and appeals, pending the outcome of an appropriate case before the Federal Courts.
- (f) Consideration should be given to incorporating a new provision in Interpretation Bulletin IT 189 relating to reasonable fees.

#### CONCLUSION

The Association is now under a great deal of political pressure on the subject of reasonable fees and the assessing practice of Revenue Canada, in the light of a recent proliferation of new assessments. As a result, a number of our members are taking matters into their own hands and are communicating with representatives of parliament and with Ministers; thus forcing us to also make sure that our views are being presented to such persons in a constructive way. We are anxious to deal directly with you and your staff on the problem. It is obviously important to us that we receive in the circumstances as timely a response as possible confirming, modifying or clarifying Revenue Canada's position on the subject. We would therefore very much appreciate any timely response you could give us.

Yours truly,

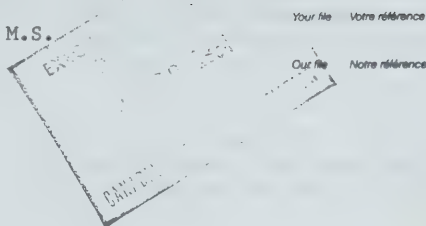


Robert N. Hicks, D.D.S., M.S.  
President

RNH/pc



Mr. Robert N. Hicks, D.D.S., M.S.  
President  
Canadian Dental Association  
1815 Alta Vista Drive  
Ottawa, Ontario  
K1G 3Y6



January 9, 1984

Dear Mr. Hicks:

Re: Professional Management Companies

This is in reply to your letter of November 7, 1983 setting out your Association's concerns in respect of the Department's position on reasonable charges by professional management companies and the assessing practice related thereto.

Reasonable Charges

The Department's position on professional management companies is set out in paragraph 8 of interpretation bulletin IT-189 which was issued on November 25, 1974. This bulletin states that the deduction of the amount paid to the corporation by the practice of the particular professional(s) is acceptable provided that the charges for the premises and services are reasonable in relation to the amount someone else would pay in a free market for the same facilities. In essence, as a result of the decision in the Holmes case, the Department acknowledged the validity of a professional management company and accepted as reasonable a fee paid to such a corporation provided the fee did not exceed the cost of providing the services by more than 15%. The Department has never accepted an additional charge of 15% of all expenditures made on behalf of the professionals as being reasonable. To do so would have meant the acceptance of a double billing for the same service and at an amount that would not be related to the cost or value of the service rendered.



Assume, for example, a simplified situation where a professional management company has one employee whose only function is to prepare and record the payroll cheques and related records for a professional practice. The employee's salary is \$20,000 and the total annual payroll for the professional practice is \$200,000. In this situation the Department would accept as reasonable a fee not exceeding \$23,000 (\$20,000 + 15% of \$20,000). However, an additional fee of 15% of the \$200,000 payroll would not be accepted because the Department would not consider as reasonable a fee of \$53,000 for non-arm's length services that cost \$20,000 to perform. It is the Department's view that a reasonable businessman would not pay a third party \$53,000 for services that he could acquire directly for \$20,000.

Where the professional management company provides the service of paying the professional practice's expenses, such as laboratory and dental supplies, it is the Department's position that the corporation receives adequate remuneration for this service by marking-up its cost of providing this service. As explained in the above example, an additional fee based on the amount disbursed on behalf of the professional practice would be considered to be unreasonable.

Salaries paid to professionals, students-in-training as professionals and semi or quasi-professionals would normally be considered to be part of the direct cost of rendering professional services to the clients of a professional practice. These salaries are, therefore, an expense of the practice rather than the professional management company and, as such, would not be eligible for a service fee mark-up. Some of the factors that are considered in determining if the services relate directly to the rendering of professional services are as follows:

- (1) the amount of direct involvement with patients or clients,
- (2) whether the services provided by the employee can only be provided under the supervision or direction of a professional,
- (3) whether the employee is required by law or regulation to work directly under the supervision of a practitioner in carrying out duties of a semi-professional nature, and
- (4) whether the practitioner, not the professional management company, is primarily liable for damages resulting from an error of an employee in the carrying out of his or her duties.

Most parental staff would fall into this category. On the other hand, salaries paid to clerical help such as typists, receptionists, book-keepers, etc., would normally not be considered to be part of the direct cost of rendering professional services to the clients of a professional practice and, therefore, would be eligible for a service fee mark-up. A

salaried professional or semi-professional may provide nonprofessional services or both professional and nonprofessional services. A reasonable allocation of the salary of this type of individual between the practitioner and the professional management company in respect of the professional and nonprofessional services is also acceptable.

A comparison of the market price of a similar service provided by independent firms such as office overload firms and personnel agencies is not, in most cases, valid because the services rendered by a professional management company are not comparable, in most cases, to the services available in actual commercial practice. For example, services provided by a commercial firm would include back-up personnel and facilities, a pool of labour and personnel that can be concentrated on a particular problem at one time, a pool of technical expertise obtained through servicing other clients and a higher level of general supervisory and management abilities due to the cost of this overhead being spread over numerous clients. In addition, the hourly rate charged by these firms must be sufficient to cover dead time such as vacations, sick leave, non-chargeable time, fringe benefits and overhead. By contrast, a professional management company recovers this dead time from the professional practice by charging a fee based on the total cost plus a mark-up. The professional management company is also a one-customer business that takes no commercial risk because it is guaranteed a profit by the method used to calculate the fee charged to the professional practice.

The 1974 decision in the Holmes case resolved the issue of the validity of the professional management company and supported the position that the fees paid were incurred for the purpose of earning income and were not an undue or artificial reduction of income. The reasonableness of the fee was not argued and the Department does not accept the proposition that this case established as reasonable a mark-up of 15% of all the expenditures of the professional practice. In the years after 1974, taxpayers who wrote to Head Office about a reasonable fee were informed that the Department considered a mark-up of 15% of the cost of rendering the service would be reasonable, but that a mark-up of 15% of all of the costs paid on behalf of the professional practice would not be reasonable.

The problem of professional management companies charging excessive fees came to light during an evaluation of an area related to service corporations. District Offices were advised of this potential problem during 1978. As several referrals involving professional management companies were subsequently received by Head Office, instructions on the determination of a reasonable fee were sent to the district offices during 1979 in order to maintain consistency. These instructions were repeated in more detail in a 1981 district office communication which also dealt with the issues of double taxation and the reassessment of prior years. As a result of these communications the district office audit staff began

a more in-depth examination of professional management companies. Although the renewed interest in this area was interpreted as a change in assessing practice on the determination of reasonable fees, it was not a change in practice so much as an information process for our auditors on the existing practice. The audit results of one of our district offices tend to confirm this view. In this office a total of 1,350 professionals claiming a management fee deduction from income were reviewed and 220 of these files were selected for audit. A total of 98 of these taxpayers have been audited to September 30, 1983 and only 31 of those audited were reassessed to reduce the amount of fees charged. These results indicate that the majority of taxpayers have not exceeded our current guidelines when calculating the amount of the fee to be charged by the professional management company.

### Assessing Practice

As mentioned earlier, it has always been the Department's position that a professional management company is entitled to a mark-up on only its own costs of the services it provides. However, it is understandable that the recent increase in the audit activity in this area has created the impression that there has been a fundamental change in the Department's position. This increase in audit activity was undoubtedly the result of the instructions on professional management companies which created a greater awareness of this type of corporation and provided specific guidelines for auditors to follow. Although it is unfortunate that many taxpayers have been reassessed when they believed that they were paying reasonable fees, it would not be equitable to provide these taxpayers with special relief when the majority of taxpayers have always paid fees that did not exceed the Department's current guidelines.

A review of reassessments involving professional management companies was made by my staff at Head Office. In each case reviewed it was found that our district office auditors correctly followed departmental guidelines in a consistent manner.

The communication on professional management fees that was issued to the district offices during 1981 contained specific instructions not to reassess years prior to 1979 except under exceptional circumstances. However, it is acknowledged that some taxpayers may have been reassessed for years prior to 1979 before these instructions were received by the district offices.

The question of double taxation after 1981 was the subject of an in-depth review which has resulted in the conclusion that professional management companies will continue to be allowed an offsetting deduction for the amount of fees disallowed as an expense deduction to the professional practice. This position was announced at the Canadian Tax Foundation

Conference held during November of this year. A formal communication setting out this position has now been sent to our district offices. This communication also contains instructions to allow, on request, an offsetting deduction to any taxpayer that may have been double taxed.

I trust that the foregoing will clarify the Department's position on professional management companies.

Yours sincerely,

J.R. Robertson  
Director General  
Audit Directorate

FEDERAL BUDGET SUMMARY

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INTRODUCTION

The Budget reveals that the efforts of the Association over the past year on tax and pension issues have proven to be most rewarding. The Budget proposes that professional management companies be entitled to the lowest rate of business tax and that some strict rules applying to them be unremoved. As well, there are proposals for amendments to the tax treatment of retirement savings which incorporate recommendations made in the Association's brief to the Parliamentary Task Force on Pension Reform.

In general there were no major income tax law amendments contained in Finance Minister Lalonde's February 15, 1984 Budget. The Notice of Ways and Means Motion to amend the Income Tax Act tabled with the Budget contained a number of minor amendments designed to deal specifically with inadequacies in the Income Tax Act. There was no rewriting of the Act in an attempt to close "loopholes" as was seen in the November 12, 1981 Budget of Finance Minister MacEachen. A number of important proposals were contained in separate consultative documents tabled with the Budget. These proposals include:

1. simplifying the tax system for small businesses.
2. improved tax assistance for individual retirement savings; and
3. recommendations for improvement of federally regulated private pension plans;
4. a program of mortgage interest rate protection;
5. a new tax-assisted employee profit participation plan;

Outlined below are the Government's proposals for simplifying small business taxation and for tax assistance to individual retirement savings and a brief outline of the Income Tax Act amendments proposed in the Notice of Ways and Means Motion tabled with the Budget. These are of particular interest to dentists.



## TAX SIMPLIFICATION FOR SMALL BUSINESSES

Without a doubt the Income Tax Act provisions dealing with the taxation of small business are among the most complex in the Act. The Federal Government has proposed a number of measures with the aim of simplifying small business taxation. These proposed measures are contained in a discussion paper presented with the February 15th Budget. The discussion paper also contains proposed legislation enacting the simplified taxation scheme. In summary the tax simplification proposals are as follows:

- To remove the present limits on the amount of income eligible for low tax rate benefits.

Commentary: At present a Canadian Controlled Private Corporation ("CCPC") (a private corporation incorporated in Canada which is not controlled by non-residents of Canada or a public corporation) pays tax at a low rate of approximately 25% on the first \$200,000 of active business income earned in a year up to the first \$1,000,000 of active business income earned. In order to keep track of a CCPC's entitlement to the low rate of tax a series of calculations is required. These calculations are complex and the legislation contains a large number of anti-avoidance sections designed to prevent abuse. The proposal will effectively permit every CCPC to gain the benefit of the low rate of tax on the first \$200,000 of its business income in every fiscal year. This would apply, for instance, to professional management companies as noted below.

- To remove the distinction between activities resulting in "non-qualifying business income" and activities resulting in active business income.

Commentary: This is of significant importance to dentists. At present, income resulting from most professional management companies is classed as "non-qualifying business income" and

is subject to a 33 1/3% tax rate. The proposal would allow the business of most professional management companies to be eligible for the low rate of tax on the first \$200,000 of taxable income earned in a year. In essence the proposals remove the present complex distinctions between types of business income leaving the system with business income and property income as the only two major types of income.

Thus it is much more attractive to maintain professional management companies. The proposal also highlights the importance of the Association's continued efforts to have Revenue Canada recognise the reasonableness of management fees charged by most professional management companies.

The proposals for tax simplification are realistic, workable and long overdue. The Finance Minister has requested that submissions on the simplification proposals be submitted to him prior to April 15 of this year. Generally the proposals will have a beneficial effect on most dentists' management services companies. The proposed amendments to the legislation will also have a positive effect on the position taken by the profession with the Department of National Revenue respecting the reasonable fee for services of dentists' management companies.

#### TAX ASSISTANCE FOR INDIVIDUAL RETIREMENT SAVING

At present there are separate deductible contribution limits applicable to RRSPs and to defined benefit pension plans. The effect of these differences is that significantly more money may be contributed to a defined benefit pension plan for an employee on a tax-assisted basis than a self-employed person may contribute to an RRSP. The Minister of Finance has proposed the introduction of a global contribution limit that would take into account contributions to all types of retirement savings plans.

The mature system would involve one comprehensive deduction limit for all types of pension and retirement savings plans equal to 18% of an individual's career earnings less the amount of earlier contributions to all retirement income plans. An individual's annual deduction limit would be recalculated each year based on all of the individual's previous earnings and contributions to retirement plans. This annual recalculation has the effect of carrying forward into future years all unused deduction entitlements from past years. The deduction limit would also be indexed to take into account the effects of inflation.



Because the proposed system is a significant departure from the present one there will be a period of transition to allow for the accumulation of information and the adjustment of actuarial calculations to implement the scheme. As a result the proposal is to introduce the new system in two stages. The first stage will have its greatest effect only on those individuals who rely primarily on RRSPs for their retirement income. This first stage involves a gradual increase in the present limits on contributions to RRSPs. Starting with the 1985 taxation year the annual contribution limit would rise to the lesser of 18% of earned income and \$10,000. In 1986 the amount would be \$12,000; in 1987, \$14,000 and in 1988, \$15,000. Starting with 1989 the annual contribution limit would be indexed.

From 1988, the start of stage two, the fully integrated comprehensive tax assistance scheme would be in effect.

#### Commentary

This proposal embodies a number of the recommendations made by the Association in its Brief to the Parliamentary Task Force on Pension Reform and in its submissions to the Finance Minister. The proposals introduce a long overdue increase in the outdated monetary limits on contributions to RRSPs and introduce the much needed concept of indexation of the contribution limits. The present proposal has a number of elements which will give rise to technical concerns on the part of actuaries and pension benefits experts, however, the objective is commendable and the decision to make concrete proposals and to push for their enactment is welcome in the slow moving process of pension reform. Finance Minister Lalonde has called for comments to be submitted to him prior to June 30, 1984 hoping to have the new system implemented as early as January 1, 1985.

#### INCIDENTAL AMENDMENTS TO THE INCOME TAX ACT OF GENERAL INTEREST

The amendments to the Income Tax Act outlined below were contained in the Notice of Ways and Means Motion to amend the Income Tax Act tabled with the February 15, 1984 Budget. It is expected that these proposals will be carried forward and enacted as law. If the government follows past practice it is likely that prior to enactment draft legislation would be made public for comment prior to the presentation of the Bill in the Legislature.

1. Automobile Benefit

It is proposed that a simplified method of calculating an employee's benefit in respect of operating costs of an automobile provided to an employee or shareholder be introduced. The optional simplified calculation would result in a benefit which was 50% of the standby charge as calculated in respect of the automobile.

2. Alimony and Maintenance Payments

It is proposed that certain expenses paid in accordance with an agreement in writing be treated as an allowance for the purposes of determining deductability under the Income Tax Act. It is expected that this proposal would allow such items as private school tuition, dental bills and other irregular expenses not presently allowed as deductions to be treated as deductible amounts where the parties agree in writing to the tax treatment of such payments.

3. Offshore Investment Funds

It is proposed that a taxpayer with investments in non-resident investment funds be required to include in income an amount calculated by multiplying the cost of his investment by the prescribed rate of interest for the taxation year. This would be a deemed receipt and would have the effect of exposing the individual to tax on amounts which may never be actually received.

4. Simplified Tax Administration

The Notice of Ways and Means Motion contains a number of proposals to simplify tax administration practices. These proposals come at a time when the Department of National Revenue has been subjected to fierce criticism in the Legislature. The proposals include:

- (a) an increase to \$1,000 in the threshold amount below which individuals and corporations are not required to pay tax instalments;
- (b) amendments providing that joint and several tax liability would not arise in connection with a transfer of property on marital breakdown where

the property is transferred under a Court Order or in accordance with a written separation agreement;

- (c) the Minister of National Revenue be required to refund to a taxpayer any overpayment of tax and any interest or penalty where a Court varies the taxpayer's assessment. This refund to the taxpayer would be required notwithstanding the fact that the Minister of National Revenue decided to appeal the matter to a higher court;
- (d) extending from 90 days to 180 days the time within which a Notice of Objection to an assessment may be made;
- (e) enabling the Tax Court of Canada to award costs of up to \$1,000 to a taxpayer on the disposition of an appeal to that Court regardless of the outcome of the appeal.
- (f) requiring the Federal Court of Canada to award to a taxpayer all reasonable costs of an appeal where the appeal is started by the Minister of National Revenue and where the disputed amount of tax assessed or the loss determined does not exceed \$10,000 or \$20,000 respectively.
- (g) permitting taxpayers to provide security for payment of taxes which are in dispute rather than requiring actual payment of such taxes prior to the determination by a Court or other settlement agreement respecting the liability to pay the tax.



TAXATION COMMITTEE  
APPENDIX IV

CANADIAN DENTAL ASSOCIATION / L'ASSOCIATION DENTAIRE CANADIENNE

1815 ALTA VISTA DRIVE, OTTAWA, ONTARIO, CANADA K1G 3Y6  
TELEPHONE (613) 523-1770

OFFICE OF THE PRESIDENT

February 22, 1984

The Honourable Pierre Bussi res  
Minister,  
Revenue Canada  
House of Commons, Rm. 416  
Confederation Building  
Ottawa, Ontario  
K1A 0A6

Dear Mr. Bussi res:

Re: Professional Management  
Companies ("Companies")

It is vital to members of our Association and to many other professional taxpayers in Canada that your immediate attention be given to Revenue Canada's assessing practice in respect to Companies and the fees charged by such Companies to related professionals. As each day goes by, there are assessments being made by Revenue Canada on professionals and related Companies which in the polite view of leading tax practitioners across Canada are improper, based upon the law and the principles under which the Income Tax Act operates or should operate.

We have made submissions to your policy staff on this subject on numerous occasions and we have provided them with results of our studies and surveys on the subject. Your staff has reached questionable conclusions which materially and adversely affect many taxpayers.

We submit that it is wrong to enforce many assessments already made or to allow such assessing practices to continue on the present basis. In the best interest of a sound tax system, an interim freeze should at this time be placed on these assessing practices. The reasons and rationale for this are set out below.

### REASONABLE CHARGES

The law provides that a Company rendering management services to a professional is entitled to charge reasonable management fees to the professional, and the professional is entitled to claim a full deduction therefor.

Your Interpretation Bulletin IT-189 issued in 1974 tells taxpayers that a fee is reasonable if it can be equated with what would be charged in the free market for the same services. Our surveys taken across Canada show that fees charged in the open market are comparable to those charged to related professionals by most Companies with which we are concerned. An independent study provided by us to your policy staff supports such conclusion.

Such Companies, with few exceptions, charged approximately what was acceptable in the leading case on the subject (the Holmes case). Your policy staff recently indicated to us that it does not agree that the fee in the Holmes case is reasonable. Our studies suggest that Revenue Canada's approach is extremely unrealistic.

The Holmes case in 1974 was a landmark case which held that a management fee equal to 115% of expenses of the professional was reasonable. Companies both before and after that case followed such practice; and our surveys show that Revenue Canada up to approximately 1982 accepted such 115% approach in virtually every surveyed Company after that decision.

### ASSESSING PRACTICE

Then to the shock of many professional taxpayers across Canada, Revenue Canada has recently been reassessing in an aggressive and inconsistent manner on the basis (perceived by the public) that such 115% approach suddenly is no longer acceptable to Revenue Canada.

Taxpayers, who followed what they honestly understood to be Revenue Canada's approach and the law, were misguided. There was no reasonable effort made by Revenue Canada to deal with these perceived changes in assessing practice in a manner that would allow such taxpayers to get on side without penalties. Most of such taxpayers, even though advised that their approach was correct, have no interest in getting involved with the hassle of reassessments and appeals. They will generally adjust to most policy changes of Revenue Canada, provided they are not unduly penalized in the process.

We have the impression that it is Revenue Canada's view that it is suffice to say to these aggrieved taxpayers that Revenue Canada has never changed its policies on what are reasonable charges. But yet, we were also told that in 1978 your District Offices were advised of potential problems of Companies charging perceived excessive fees, that in 1979 instructions on this were sent to the District Offices, and that in 1981 further communications on the subject were again repeated to District Offices. As well, we have read in correspondence from your office which has stated that "it may well be that arrangements that our auditors may have once thought acceptable are now being questioned".

Yet, throughout all of this, professional taxpayers who were following the approach in the Holmes case were left with the clear impression from Revenue Canada, through many earlier audits and reassessments, that such approach was proper and acceptable. At no time throughout this relevant period was there any public clarification of this significant change in assessing practice. There were no timely or constructive communications through normal channels such as the Tax Advisory Committee or The Canadian Tax Conference; nor were there any changes made to Interpretation Bulletin IT-189 issued in 1974, which by omission in these particular circumstances was misleading to those affected.

There has been a clear and unequivocal assessing practice change which merits a far more equitable and fair transitional treatment than is currently being implemented by Revenue Canada.

#### OUR RECOMMENDATIONS

1. Revenue Canada should immediately clarify its policy and assessing practice by amending its Interpretation Bulletin IT-189.
2. Revenue Canada should for an interim period cease re-assessing taxpayers who have been proceeding as we have outlined. Any processing of appeals or collections involving similar circumstances should also cease for an interim. If necessary, Revenue Canada could obtain waiver in respect of earlier years.

A test case reasonably representative of the issues should then be heard by the Federal Courts, and the decision of such Court should then be followed. We understand that there are some suitable cases now pending before the Federal Court.



#### OTHER CONSIDERATIONS

Your Mr. J.R. Robertson and his staff have been most cooperative and helpful in communicating with us on these matters. As you no doubt appreciate, we have exchanged correspondence with him. We disagree with Mr. Robertson on a number of specific items. They include the following:

- (a) The basis and rationale for comparing service fees in the free market with fees charged by Companies to related professionals.
- (b) The justice and equity of providing relief to those taxpayers with whom we are concerned. We are not seeking special relief for these taxpayers. We seek only that they be taxed in accordance with the law.
- (c) The entitlement of Companies to charge reasonable fees to related professionals for services rendered by other professionals, students-in-training and para-professionals.
- (d) The entitlement of Companies to charge reasonable fees to related professionals for supplies and laboratory services.

These are the kind of issues which we recommend be considered by the Courts on the basis as outlined above.

The object of this letter is not to delve into the technical issues on these latter-mentioned points, but simply to draw them to your attention. We would be most pleased, however, to provide you with our responses to recent correspondence from Mr. Robertson on these technical points if it would assist in resolving these very serious problems.

We appreciate the opportunity of having met with you on these concerns, and trust that you will do all you can to resolve these concerns in a manner consistent with the Income Tax Act and a sound tax system.

Sincerely yours,

Robert N. Hicks, D.D.S., M.S.  
President





c.c. Mr. Dave. Matheson

Your file    Votre référence

Our file    Notre référence

Mr. Robert N. Hicks, D.D.S., M.S.  
President  
Canadian Dental Association  
1815 Alta Vista Drive  
Ottawa, Ontario  
K1G 3Y6

February 14, 1984

Dear Mr. Hicks:

Re: Professional Management Companies

This is further to my letter of January 9, 1984 concerning the Department's position with respect to professional management companies.

During a recent meeting with a tax consultant who represents a number of dentists, it was brought to my attention that there may still remain a certain amount of confusion about the Department's position on reasonable fees, the double taxation issue and the effect of the personal services business rules in the Income Tax Act that are applicable for taxation years commencing after November 12, 1981. The purpose of this letter is to clarify these issues so that you may pass this information on to your members if you wish to do so.

It appears that many professionals are under the erroneous impression that if the fee paid to a professional management company exceeds the Department's guidelines, the excess will automatically be disallowed. The determination of a reasonable fee in the circumstances must be based on the facts of each individual case. The Department will not question the reasonableness of a fee if it does not exceed the cost of providing the service by more than 15%. However, if the fee exceeds this guideline the taxpayer may be requested to justify the higher amount claimed. The excess will only be disallowed if the taxpayer cannot justify a higher amount.

As stated in my previous letter, the question of double taxation was the subject of an in-depth review. A great number of the reassessments involving professional management companies were appealed. As you are aware, the appeal process is sometimes a slow one and there could be a delay of several years before the issue is finally resolved by the

courts. If an offsetting adjustment was allowed without obtaining waivers and the taxpayer was subsequently successful, in whole or in part, in an appeal, the amount in litigation would escape taxation entirely because the taxation years involved would have become statute-barred.

Initially, the Department took the position that an offsetting adjustment would be allowed on the condition that the professional management company provided waivers for the years involved. Thus, if the appeal was successful the income could be put back in the corporation. However, taxpayers displayed a considerable amount of resistance to a request for waivers and tended to look upon the request as a form of blackmail rather than as a protective mechanism for the Department. As a result of this opposition, it was decided that, after 1981, the Department would discontinue the practice of requesting waivers but at the same time it would not allow the offsetting adjustment, at least until the taxpayer discontinued further appeal procedures.

The recent in-depth study resulted in the conclusion that the professional management companies should be allowed the offsetting adjustment at the same time the professional is reassessed and that the Department should assume, through its follow-up procedures, the responsibility of ensuring that the returns involved do not become statute-barred. However, if, under this new procedure, it becomes evident that a particular return will be statute-barred before the appeal process is finalized, the taxpayer will be requested to file a waiver in respect of that return shortly before the statute-barred date. Failure to provide a waiver at that time would result in a reassessment of the corporation in order to avoid the possibility of having part of the fee escape taxation completely.

Paragraph 125(6)(g.1) of the Income Tax Act states that a corporation that employs its shareholder or a person related to its shareholder (specified shareholder) and does not employ more than 5 full time employees throughout the year who are not related to the shareholder, is a personal services business if that shareholder could reasonably be regarded as an officer or employee of the entity to which the services are being provided if it were not for the existence of the corporation.

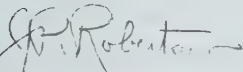
It is a question of fact as to whether a shareholder/employee could reasonably be regarded as being an officer or employee of the entity to which the services are being provided if the corporation did not exist.

Although it is a question of fact which must be determined for each specific case, it would appear that most professional management companies will fall within the definition of a personal services business if the corporation employs the spouse of the professional. For example, in the typical professional management company arrangement, the spouse of the professional was hired by the corporation to perform the duties of an office manager who took over the administrative functions of the practice. These functions would include the hiring and firing of administrative staff, the billing and collection of fees, the ordering of materials, supplies and equipment required by the practice, the payment of accounts, general correspondence and the keeping of adequate books and records. In this type of situation the professional management company would fall within the definition of a personal services business because, if it were not for the existence of the corporation, the spouse could reasonably be regarded as an employee of the professional practice to which the services were provided.

In some cases the services provided by the spouse are of such a nature that they are offered to and accepted by arm's length third parties. For example, if a spouse of a particular professional arranged through the corporation to buy dental supplies in bulk at wholesale prices and then sold these supplies at normal selling prices to several dental practices, the spouse would not be regarded as an employee of that particular professional and the professional management company would not fall within the definition of a personal services business.

Interpretation bulletin IT-189R, which discusses the tax implications of the use of corporations by practising members of professions, is expected to be released by the end of this month.

Yours sincerely,



J.R. Robertson  
Director General  
Audit Directorate

SUBMISSION OF  
THE CANADIAN DENTAL ASSOCIATION  
TO  
THE PROGRESSIVE CONSERVATIVE TASK FORCE  
ON REVENUE CANADA

MARCH 19, 1984

VANCOUVER, B.C.

presented by:

DR. ROBERT HICKS  
PRESIDENT  
CANADIAN DENTAL ASSOCIATION

SUBMISSION OF THE CANADIAN DENTAL ASSOCIATION  
TO THE PROGRESSIVE CONSERVATIVE TASK FORCE ON REVENUE CANADA,  
MARCH 19, 1984

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The Canadian Dental Association has been in recent years an extremely active and we feel a very constructive contributor in the process of tax reform and in communicating with officials of Revenue Canada on tax policies. The Association has made many representations on our tax system to the Minister of Finance, the Senate and the Minister of Revenue. The Association has been particularly interested in tax laws and administrative and enforcement practices which affect professionals such as dentists. Our principal objective has been to encourage tax equity and fairness in both the law and its application.

The subject that has involved much of our time over the past two years is that of professional management companies formed by professionals to provide management and related services to their professional practices. In many cases the professional or members of his family own such a company and often a related person such as a wife will render services through the company to the professional. The legal status of these companies as active Canadian small businesses has been upheld in a number of Federal Court cases. The tax laws respecting such professional management companies and the application thereof have become very stringent and in many respects inequitable in that the professionals and the professional management companies have been treated far more severely than other businesses even though the services have been rendered on reasonable arms length terms. This situation prompted the Association to make constructive submissions to the Minister of Finance and the Minister of Revenue.

The key issue which involved Revenue Canada was what is a reasonable fee for a professional management company to charge a professional for its services. For many years prior to 1981 Revenue

Canada in their assessing practice followed a leading Federal Court case on the subject. Taxpayers too, followed the guidelines set out by the case.

Then to the shock of many taxpayers across Canada, Revenue Canada began reassessing in an aggressive and inconsistent manner on the basis that what was acceptable before was no longer acceptable. There was no reasonable forewarning of a major shift in assessing practice. The drastic change of policy direction was not communicated to the general public. There was an admission on the part of Revenue Canada that there was in fact a change in policy. But yet, no use was made of the press, Revenue Canada releases, the Tax Advisory Committee or the Canadian Tax Foundation Conferences to inform affected taxpayers of a very radical and severe change in assessing policy. The Interpretation Bulletin on the subject remained unchanged, and in fact became misleading.

It was even more disconcerting and damaging when assessors began to retroactively apply this shift in policy. What passed previous audits failed current audits and taxpayers all of a sudden owed considerable taxes in arrears, with penalties. While a prospective change of this nature might be accepted by taxpayers who do not want to get involved in disputes, even though the assessing practice is wrong in law, a retroactive change in policy is a regressive act simply not acceptable to the taxpaying public nor reflective of a sound tax system.

Another Revenue Canada assessing practice involved double taxation. When a professional was reassessed and disallowed deductions for fees paid to a professional management company related to him, the company in some instances was not allowed to amend its tax returns so as to get a tax credit for taxes already paid on such disallowed fees. Revenue Canada recently announced that it was discontinuing this "double taxation" practice.



Other offensive assessing practices compounded the taxpayer's problems. An Association survey across Canada indicated that, aside from general inconsistencies in assessing practice, in a number of instances tax assessors were advising taxpayers that if they agreed to their retroactive reassessments for two years under the new policy, then they would not go back and reassess earlier years. However, if they disagreed, then the tax assessors threatened to go back two more years. It was also reported that if a taxpayer did not sign waivers for a particular taxation year, then the tax assessors indicated that tax audits would be much harsher. These practices appeared in more than just a few isolated cases. This kind of practice is obviously completely unacceptable. It unquestionably goes far beyond the bounds of a fair and even hand in the administration of justice.

We hasten to add that it has been made clear to us that certain of these assessing practices are not approved by policy staff of Revenue Canada in Ottawa -- however they are occurring.

The Association over the past few months has been making representation to and having meetings with the Minister of Revenue and his policy staff on these issues. We must say that we have been extremely pleased with their cooperation, availability and willingness to listen; and that we have had a very good forum with them. We are hopeful of a better understanding between us in a proper application of the law.

In conclusion, we believe that Revenue Canada has an obligation to inform the public in a timely and generally accepted manner of material changes in its policies and administrative practices. Unfortunately, this has not always been done. The failure to so publicize such changes causes undue hardship, confusion, frustration and dissatisfaction with Revenue Canada.

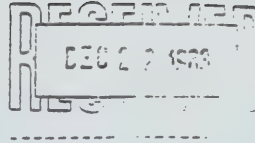


Because the Income Tax Act applies to all Canadians it is crucial that the administration of the Act be fair, uniform and consistent in all district offices. While a question of what constitutes a reasonable fee necessarily involves subjective factors, Revenue Canada guidelines should be timely, clear and consistent with assessing practice and applied as such across the country. We cannot overemphasize the importance of a uniform and fair application of our tax laws to all Canadians involved in similar activities. We encourage continued cooperation between Canadian taxpayers and Revenue Canada to achieve a goal of fair tax administration under our laws; which is essential to a sound tax system.

March, 1984



*Association  
des chirurgiens dentistes  
du Québec*



APPENDIX L

MALPRACTICE INSURANCE COVERAGE

Dear Colleague:

The protection of our members' economic interest necessitates constant carefulness on our part and an acute sense of responsibilities, independently of any other factor.

Because of that, we have analyzed the malpractice insurance coverage offered by C.D.S.P.I. and what is available in the market place, making sure that if a dentist wants to transfer his policy, he will not suffer any prejudice.

Here are the findings of our study.

COVERAGE

|                                                    | <u>ANNUAL PREMIUM</u> |               |
|----------------------------------------------------|-----------------------|---------------|
|                                                    | <u>C.D.S.P.I.</u>     | <u>GESTAS</u> |
| <u>Basic coverage (legal minimum)</u>              |                       |               |
| 1 000 000 \$ basic coverage                        |                       |               |
| 3 000 000 \$ maximum coverage per insurance period | 360 \$                | 250 \$        |
| <u>Optional</u>                                    |                       |               |
| 2 000 000 \$ basic coverage                        |                       |               |
| 6 000 000 \$ maximum coverage per insurance period | 390 \$                | 325 \$        |

PLAN FEATURES

C.D.S.P.I.

- A repeater deductible of 2 000 \$ per claim will apply from the third and to all subsequent claims in any two-year period. Maximum deductible in any one year will be 20 000 \$. An incident where no payment to a third party is made is not considered a claim.

The repeater deductible will not apply for a retired dentist or the estate of a deceased dentist.

GESTAS

NO DEDUCTIBLE AT ALL  
ON ANY CLAIM.

C.D.S.P.I.

- The malpractice coverage for a retired dentist or for the estate of a deceased dentist is automatically extended for 5 years, free of charge, the first two of which are guaranteed non-cancellable. After 2 years, cancellation by the insurance company will require specific approval of C.D.S.P.I.

- If the Order of Dentists requests information, C.D.S.P.I. will provide the names of individuals involved in a malpractice action.

GESTAS

- The malpractice coverage for the estate of deceased dentist is automatically extended for 3 years, at no cost. Extended coverage is also available upon request after this period. The malpractice coverage for a retired dentist or for a dentist who temporarily ceases to practice is automatically extended, at no cost, for a period of 12 months from this date.

Extended coverage after this period is also available.

- If the Order of Dentists or Q.U.S.A. requests information, Gestas will provide information regarding the individuals involved in a malpractice action.

The Association, understanding its mandate, will remain cautious especially concerning future premiums and client services. If ever C.D.S.P.I. is more competitive for this type of coverage, we will advise you promptly.

It is your absolute choice to stay with C.D.S.P.I. or to deal directly with the firm Larivée & Raymond Inc.. To do so, you only have to fill in the enclosed proposal form and to attach your cheque in the appropriate amount payable to the said firm.

Yours truly,



Claude Chicoine, D.D.S.  
President

CC/sd  
December 15, 1983

Encl.

APPLICATION  
PROFESSIONAL LIABILITY INSURANCE

DENTAL SURGEON  
\*\*\*\*\*

G E S T A S, I N C.

in its capacity as manager for the insurers listed in the policy

STATEMENTS

1. a) Applicant(s): \_\_\_\_\_  
b) Address: \_\_\_\_\_

c) Check: ☐ Sole Practitioner ☐ True Partnership  
☐ Nominal Partnership or expense sharing arrangement

2. Supply the following information on each dental surgeon:

| NAME | YEAR AND UNIVERSITY<br>IN WHICH DIPLOMA<br>OBTAINED | LICENCE NO. | LICENCE NO. IN OTHER<br>CANADIAN PROVINCE OR<br>IN AN AMERICAN STATE |
|------|-----------------------------------------------------|-------------|----------------------------------------------------------------------|
|      |                                                     |             |                                                                      |
|      |                                                     |             |                                                                      |
|      |                                                     |             |                                                                      |
|      |                                                     |             |                                                                      |

(if insufficient space, supply information on separate paper)

3. During the last five (5) years, has the Applicant or any dental surgeon mentioned in statement 2 carried professional liability insurance? \_\_\_\_\_

In the affirmative, please give the following details:

| INSURER | POLICY NO. | PERIOD | LIMITS OF LIABILITY |
|---------|------------|--------|---------------------|
|         |            |        |                     |
|         |            |        |                     |

4. During the last five (5) years, has the Applicant or any dental surgeon mentioned in statement 2 had similar insurance declined, cancelled or refused on renewal? \_\_\_\_\_

In the affirmative, give the following details:

- Name(s) of Insurer(s): \_\_\_\_\_  
- Reason(s) for declining, cancellation or refusal: \_\_\_\_\_

5. a) During the last five (5) years, has the Applicant or any dental surgeon mentioned in statement 2 ever been the object of one or more claims or given notice of a possible claim to an Insurer because of professional services? \_\_\_\_\_
- b) Is the Applicant or any dental surgeon mentioned in statement 2 aware of any facts or circumstances or any allegations likely to give rise to a claim? \_\_\_\_\_

If so, give, in each case, the circumstances and name of potential claimants: \_\_\_\_\_

6. Do you, personally or as an associate, employ on a full or part time basis:

|                    | NO.   | FULL TIME | PART TIME |
|--------------------|-------|-----------|-----------|
| - Dental hygienist | _____ | _____     | _____     |
| - Dental assistant | _____ | _____     | _____     |

7. Insurers' limits of liability: (check limits desired)

- ☐ \$1,000,000. per loss / \$3,000,000. per POLICY PERIOD
- ☐ \$2,000,000. per loss / \$6,000,000. per POLICY PERIOD

Suggested effective date of this insurance: \_\_\_\_\_

The liability of the Insurers will be limited to the amounts stated above notwithstanding the number of Insureds involved.

I/we on my/our behalf and on behalf of the other dental surgeons who are named in statement 2 declare that the answers contained in this application are exact and complete and I/we ask that a policy be prepared based on these statements.

I/we undertake to inform GESTAS, INC. of any corrections to be made to the answers contained in this application if, upon the effective date of the policy, the answers require correction.

It is understood that this policy will take effect on the date determined by GESTAS, INC.

SUBJECT TO ITS TERMS AND CONDITIONS, ANY POLICY ISSUED BY GESTAS, INC. WILL APPLY ONLY TO CLAIMS MADE AGAINST THE INSURED AND REPORTED TO GESTAS, INC. DURING THE POLICY PERIOD.

SIGNATURE OR APPLICANT OR A PARTNER: \_\_\_\_\_

DATE: \_\_\_\_\_ 19 \_\_\_\_\_ TITLE: \_\_\_\_\_

PLEASE RETURN TO:

LARIVEE & RAYMOND INC.  
5801, rue Sherbrooke est  
Montréal, Québec H1N 1B3

Tél.: (514) 253-0330



CANADIAN DENTAL ASSOCIATION / L'ASSOCIATION DENTAIRE CANADIENNE

1815 ALTA VISTA DRIVE, OTTAWA, ONTARIO, CANADA K1G 3Y6  
TELEPHONE (613) 523-1770

OFFICE OF THE PRESIDENT

January 17, 1984

Dr. Claude Chicoine  
Président & Directeur Général  
Assoc. des chirurgiens dentistes  
du Québec  
4159 est rue Belanger  
Montréal, P.Q.  
H1T 1A2

Dear Claude:

Re: QDSA Memorandum on Malpractice Insurance Coverage

I have recently received a copy of QDSA's memorandum to its membership on Malpractice Insurance Coverage which compares malpractice insurance offered by CDSPI with malpractice insurance offered by Gestas Inc. and sold through Larivée & Raymond Inc. With this memorandum, QDSA provides an application form for the Gestas Inc. insurance and directions on how to purchase their product.

At the outset of this letter, let me clearly identify that I support any effort by corporate members of the CDA to seek out information on insurance products that may be superior for Canadian dentists to those offered by CDSPI. I do not feel that CDSPI is infallible in their sincere efforts to obtain the best insurance coverage at the best premium for Canadian dentists. If there is a better product at a better price then CDSPI should be required to respond to the dental profession in Canada as to why CDSPI is not marketing that product. This scenario I present is one of a true free enterprise competitive business atmosphere performed within a structure of "collective" administration i.e. the dental profession in Canada.

It was agreed by all corporate bodies a long time ago that the best entity to negotiate the content/premiums and claim procedures of insurance policies was a "collective" body consisting of the CDA and all provincial dental associations. Working as a united entity through CDSPI, this structure could obtain the best protection at the best price over the long term for all member dentists. The QDSA was part of this agreement and in fact successfully lobbied for two representatives on the CDSPI Board structure so that their concerns regarding insurance matters could be effectively represented. Other than Ontario, the remaining provinces and areas in Canada have a maximum of only one representative each.

It comes as a surprise and a disappointment to me that you have chosen to ignore the well established lines of communication created to discuss insurance related matters. Your suggestions that you have found a better product of malpractice insurance should, in my opinion, have been presented to CDSPI for their comment and reaction prior to your memorandum being sent to QDSA members. If you felt that CDSPI did not respond in a proper competitive manner following your presentation, then the free enterprise competitive scenario would take over and CDSPI would have to live with your recommended product in the market place.

Information provided to me indicates that Dr. LeBlanc, Insurance Benefit Chairman for Quebec; Dr. Dupont, a member of the Board of Trustees of SONGEDENT and member of the CDSPI Board; and Dr. Giguere, also a member of the CDSPI Board and a member of the QDSA Board; were also not aware that this memorandum was being mailed to your members. This further suggests that no effort was made to use the established lines of communication.

Claude, I sense a significant disruption in the overall philosophy of establishing the best insurance coverage protection for dentists in Canada. I note that you have returned the CDA-QDSA participation agreement and have crossed out the total paragraph relating to Co-Sponsors not advertising and promoting insurance plans not sponsored by CDA-Provincial Dental Associations. This would allow QDSA to advertise and promote insurance policies in addition to the Gestas Malpractice Insurance. The Board of Governors was lead to believe by your comments that QDSA's concern in signing the participation agreement was due to their involvement in a home insurance policy they recommended to their members - particularly when the dentist has his office in his home and the insurance could be considered as office content insurance. It would appear that this malpractice insurance memorandum would be far more in violation of this paragraph in the Participation Agreement than the occasional "dental office in a home" situation that you identified.



Claude, this very important matter must be discussed fully at the next Executive Council meeting on February 24-25, 1984. I am pleased that you will be in attendance at this meeting as a member of the Executive Council. The CDA must give serious consideration to the QDSA's reluctance to sign the 1984 Participation Agreement in its original form. The potential impact of QDSA not accepting the final paragraph in Section 7-Promotion, must be studied along with the impact on Quebec dentists who wish to purchase future CDSPI insurance in the event that QDSA does not wish to act as a co-sponsor of certain or all CDSPI insurance plans.

Please accept these comments as an initiation to a constructive discussion that I trust will result in an acceptable conclusion for all of us.

Sincerely yours,

A handwritten signature in cursive script, appearing to read "Robert Hicks".

Robert N. Hicks, D.D.S., M.S.,  
President

c.c. Executive Council  
Dr. John Durran, President, CDSPI

RNH/ssd



## CANADIAN DENTAL ASSOCIATION / L'ASSOCIATION DENTAIRE CANADIENNE

1815 ALTA VISTA DRIVE, OTTAWA, ONTARIO, CANADA K1G 3Y6  
TELEPHONE (613) 523-1770

OFFICE OF THE PRESIDENT

Translation of English letter  
dated January 17, 1984

le 17 janvier 1984

Dr Claude Chicoine  
Président & Directeur Général  
Assoc. des chirurgiens dentistes  
du Québec  
4159 est rue Bélanger  
Montréal, P.Q.  
H1T 1A2

Cher Claude,

Je viens de recevoir une copie de la note de service que l'ACDQ a adressée à ses membres touchant l'assurance de la responsabilité civile professionnelle et qui établit une comparaison entre l'assurance de la responsabilité civile professionnelle offerte par les CDSPI et celle qu'offre Gestas Inc. et qui est vendue par l'intermédiaire de la firme Larivée & Raymond Inc. De plus, l'ACDQ a joint à ce mémoire un formulaire pour souscrire au régime offert par Gestas Inc. ainsi que des instructions sur la façon d'acheter les régimes de cette compagnie.

Tout d'abord, laissez-moi préciser que j'appuie tout effort tenté par les corporations affiliées à l'ADC en vue de recueillir des renseignements sur des régimes d'assurance qui peuvent être, pour les dentistes canadiens, plus avantageux que ceux qui sont offerts par les CDSPI. Je ne sache pas que les CDSPI soient infaillibles en essayant honnêtement d'obtenir les meilleurs régimes d'assurance aux meilleurs prix pour les dentistes du pays. S'il y a de meilleures régimes à de meilleurs prix, il faut alors que les CDSPI expliquent à la profession dentaire du Canada pourquoi ils n'offrent pas de tels régimes. Tel que je le décris, ce scénario est celui d'un esprit de libre entreprise qui ne craint pas la concurrence et qui s'exerce au sein d'une administration collective bien structurée, telle la profession dentaire du Canada.

Il y a très longtemps, les corporations membres ont admis que la meilleure entité pour négocier le contenu, les primes et les modalités de réclamation des régimes d'assurance était un organisme "collectif" comprenant l'ADC et toutes les associations dentaires provinciales. Travaillant comme un groupe uni par l'intermédiaire des CDSPI, cette structure pouvait obtenir au meilleur prix la meilleure protection à long terme possible pour tous les dentistes membres. L'ACDQ faisait partie de cette entente et, de fait, elle a exercé avec succès des pressions afin d'obtenir deux représentants auprès du Conseil d'administration des CDSPI, voulant que ses intérêts en matière d'assurance soient bien défendus. A part l'Ontario, toutes les autres provinces et régions du Canada ont un seul représentant chacune.

Aussi suis-je à la fois surpris et déçu de voir que vous avez choisi de renoncer aux moyens de communication que nous avons établis pour discuter les questions d'assurance. A mon avis, vous auriez dû, lorsque vous avez découvert un meilleur régime d'assurance de la responsabilité civile professionnelle, en faire part aux CDSPI pour en obtenir des commentaires et une réponse, et ce, avant d'adresser une note de service aux membres de l'ACDQ. Par la suite, si vous aviez jugé que les CDSPI n'avaient pas répondu convenablement et qu'ils n'étaient pas compétitifs, vous auriez pu vous prévaloir l'esprit de libre entreprise et les CDSPI auraient dû s'accommoder du produit recommandé sur le marché.

Suivant les renseignements que j'ai reçus, il paraîtrait que le Dr Leblanc, président des avantages liés aux assurances pour le Québec, le Dr Dupont, membre du Conseil d'administration de SONGEDENT et membre du Conseil d'administration des CDSPI, et le Dr Giguère, également membre du Conseil d'administration des CDSPI et de celui de l'ACDQ, n'étaient pas, eux non plus, au courant de la note de service en question. Voilà qui semblerait confirmer le fait qu'aucun effort n'a été tenté pour recourir aux moyens de communication habituels.

Claude, je sens qu'une grave atteinte a été portée au projet que nous avons formulé et qui visait à offrir aux dentistes canadiens le meilleur régime d'assurance et la meilleure protection possible. C'est le principe ici qui est en cause. Je remarque que vous nous avez retourné le contrat de participation de l'ADC et de l'ACDQ après y avoir rayé tout le paragraphe ayant trait aux co-parrains qui renoncent à annoncer et à promouvoir tout régime d'assurance non parrainé par l'ADC et les associations dentaires provinciales. Autrement dit, l'ACDQ se réserve le droit d'annoncer et de promouvoir d'autres régimes d'assurance que celui qui est offert par Gestas Inc. touchant la responsabilité civile professionnelle. Aussi le Conseil d'administration a-t-il été amené, d'après vos commentaires, à croire que d'ACDQ, en signant le contrat de participation, songeait au régime d'assurance domestique qu'elle a recommandé à ses membres, -- surtout lorsque le dentiste aménage son cabinet chez lui et que l'assurance peut s'appliquer au contenu. Il semble donc que la note de service touchant le régime

d'assurance de la responsabilité civile professionnelle constitue une violation beaucoup plus grave du paragraphe que vous avez rayé dans le contrat de participation, que cette dernière assurance pour le cabinet aménagé chez soi.

Cette question est très importante, Claude, et elle devra être discutée au complet à la prochaine assemblée du Conseil exécutif, les 24 et 25 février prochains. Je suis heureux de savoir que vous assisterez à cette assemblée en tant que membre du Conseil exécutif. L'ADC doit étudier sérieusement les raisons pour lesquelles l'ACDQ répugne à signer le contrat de participation 1984 dans sa formulation originale. Il faut que soient étudiées les répercussions que peut entraîner le refus, de la part de l'ACDQ, de signer le dernier paragraphe du septième article intitulé Promotion. Il faut également s'arrêter aux conséquences que ce geste aura pour les dentistes du Québec qui voudront encore souscrire à des régimes d'assurance des CDSPI au cas où l'ACDQ ne voudra plus agir comme co-parrain des régimes d'assurance des CDSPI en tout ou en partie.

Je vous prie de recevoir ces observations comme le début d'une discussion constructive qui, j'en suis convaincu, aura des résultats acceptables pour nous tous.

Recevez mes salutations,

Robert N. Hicks, dds, ms,  
Le président de l'ADC

c.c.: le Conseil exécutif  
Le Dr John Durran, président des CDSPI

*Association  
des chirurgiens dentistes  
du Québec*

APPENDIX L

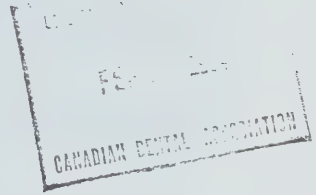


Traduction d'une lettre en français datée le 14 février 1984

Montreal, February 14, 1984

REGISTERED

Doctor Robert N. Hicks  
President  
Canadian Dental Association  
1815 Alta Vista Drive  
Ottawa, Ontario  
K1G 3Y6



RE: Malpractice Insurance Coverage

Mr. President:

Thank you for your January 17 letter regarding the above matter, especially the final paragraph, in which you ask us to accept your comments as a prelude to constructive discussions. That expression of good intent pleases us greatly, since it allows us to hope that you will approach this discussion in a fair and open-minded manner.

In this context, I must point out that there is no room for any kind of unilateral imposition of views! Every member of our Association is all too aware of the frequent frustrations they must endure through the imposition of thoroughly iniquitous and senseless government decrees.

Let us examine together what has transpired so far in this "Participation Agreement" involving the C.D.S.P.I. and the Q.D.S.A..

A committee of "wise men", saying it had encountered a certain "problem" involving another province, prepared a document modifying the Participation Agreement between the C.D.A. and the provincial Associations.

Doctor Robert N. Hicks, .../2

Those "wise men" presented this document to the C.D.S.P.I. Board of Directors, which approved it despite the fact that it had been warned that a new clause was totally unacceptable to us. This warning was ignored, and no mention was made of it when the C.D.A. Executive Council was asked to approve the document for submission to the C.D.A. Board of Governors. Even worse, none of the Governors seemed to be aware of this problem when the resolution was submitted.

As a result, the Board of Governors was generally surprised in September 1983 when the Q.D.S.A., through its President, expressed its total disagreement and frustration with this procedure, which reminded it so much of the way that government decrees are imposed.

The Q.D.S.A. President informed you and the Board of Governors that he had no mandate to sign this new agreement. He even added that his mandate was clearly restricted to renewing the old agreement, and that he had no margin to maneuver.

We are of the opinion, Mr. President, that you are sufficiently aware of usual business practices to appreciate the meaning and real implications of such a mandate. But you have kept silent on this point and some members of the Board have even been allowed to negotiate and interpret the existing mandate, even going so far as to dictate the text that the Q.D.S.A. should sign.

The Q.D.S.A. representatives relied on the intervention of Dr. Moran, who demonstrated that he understood our position when he said that Quebec was too important a partner to ignore its demands, and that he was ready to explore the necessary ways and means to reach a harmonious agreement.

Doctor Robert N. Hicks, .../3

The C.D.A. sent us this unacceptable document, insisting that it be signed before December 31, 1983. We were even submitted to pressures by the C.D.S.P.I. and the C.D.A. which, at the beginning of December, said that it was disturbed by the fact we had not yet signed and returned the agreement.

We returned it, as you mentioned, striking out the paragraph that was unacceptable to us, adding that Participation Agreement was optional for us in respect to the provisions on office content insurance and malpractice insurance coverage.

Our position regarding this document is clear, Mr. President. We have never in the past, nor will we in future sign an agreement which seems unacceptable to us, because to do so would infringe on our freedom and be incompatible with our mandate as a professional Association.

According to our constitution, our reason for being and our first duty is to DEFEND THE ECONOMIC INTERESTS of our members.

Your document is contrary to the very principle of our existence, and your manner of imposing it, through a Board of Governors that was poorly informed and even ignorant of most of the real issues involved in the decision it was asked to make, is totally unacceptable to us. So, what does the word AGREEMENT mean to the C.D.A.??? A monologue!

A constructive dialogue will allow positions to be clarified, and we will sign an agreement where the rights of our members to have objective information, and our Association's rights, will be recognized and respected.



Doctor Robert N. Hicks, .../4

Information of our members and  
the principle of free enterprise

You have a oneway concept of free enterprise, Mr. President. In your view, if a corporate member of the C.D.A. finds a better insurance product than the C.D.S.P.I. is offering it must inform the latter of this product and if the C.D.S.P.I. decides not to match it, it must then explain why not.

During that time our members, who have not been provided with the necessary objective information, will pay higher premiums to the C.D.S.P.I.. Is that the C.D.A. idea of a "true free enterprise competitive business atmosphere performed within a structure of 'collective' administration", as you say?

Please allow us to differ with your expressed opinion. Our first responsibility is to inform our members as to how they can obtain a "better product at a better price". We shall give you two examples: malpractice insurance coverage and office content insurance.

In the case of malpractice insurance coverage, the Q.D.S.A. is perfectly aware of the C.D.S.P.I. product and its cost. Following the C.D.A. Board of Governors meeting, and in view of the phenomenal premium increase, we asked that a study be made of the various insurers to see whether an identical product could be offered, and at what cost.

We received the results of this study at the beginning of December. What happens next in applying your principle of "true free enterprise" competition?

We would have forwarded the results of our research to the C.D.S.P.I., which would have asked us to send along the entire file so that it, in turn, could make an in-depth study. It would then give us its appraisal a few weeks later, by the end of January or the beginning of February 1984, at the latest. In the worst scenario, it would ask us to wait so that this problem could be discussed at the next Board of Governors meeting in April 1984.

In the meantime, most of our members would have had to pay the required premium at the end of December or early in January. As a result, in your concept, they would have learned only 3 to 6 months later that there was an improved product on the market, at a better price. This is certainly no way for us to fulfill our responsibilities to those who have placed their confidence in us. The C.D.S.P.I. would thus have pocketed too high a premium for another full year, imposed on dentists who learned about it too late because their Association had accepted the yoke of a procedure which does serve the interests of a "Canadian structure of collective administration".

Time was therefore of the essence, and in order to carry out the primary mandate our members had given us, we had to inform them as soon as possible, and in the most objective manner. That is what we did.

Our objectivity will not stop there, either. We shall be watching closely to see how the insurer will acquit its obligations towards those who have freely decided to do business with it. If it decreases its premium in order to take over the market this year and if next year it raises its premiums, with the same objectivity, we shall inform our members of the situation. If the C.D.S.P.I. offer proves to be the best, we shall tell them that also. This is our idea of free enterprise which meets the competition and is most profitable for our members.

Doctor Robert N. Hicks, .../6

To demonstrate our objectivity even further, we wish to add that, so our members can be served in the best way possible, the Q.D.S.A. President has requested a study comparing office content insurance offered by the C.D.S.P.I., Sogedent and other insurance companies. Furthermore, Mr. President, we shall inform our members of the results of our actions. They will then decide for themselves which company they wish to do business with and we will help them in their choice by directing them towards the source which we believe is most advantageous for them in the circumstances.

### Conclusion

You also touched upon other subjects in your letter. But, since we wish to solve one problem at a time, giving priority to the Participation Agreement, we have decided to put the others aside for the time being. However, once the first point is cleared up, we shall immediately launch into an in-depth discussion of Quebec representation in the C.D.S.P.I. structure.

We are therefore taking the opportunity finally given us to enter into a frank and open discussion, so that the C.D.A. shows us its good faith. If you still wish to modify the Participation Agreement with Quebec, we shall be available to discuss it. We would like to know, by return mail, if you will agree to commence talks on the lines we have indicated. We are ready to get them underway rapidly.

Since this subject will possibly come up at the next Board of Governors meeting, with your permission we would like to forward copies of your letter and ours to each province in order to inform the Governors of all relevant details.

Doctor Robert H. Hicks, .../7

We hope to have the pleasure of meeting you soon to clear up this matter, and assure you that you can count on our complete cooperation in seeking an equitable solution for our members.

Sincerely yours,

A handwritten signature in dark ink, appearing to read 'Claude Chicoine', written in a cursive style.

Claude Chicoine, D.D.S.  
President

CC/sd

*Association  
des chirurgiens dentistes  
du Québec*

APPENDIX L



Montréal, le 14 février 1984.

LETTRE RECOMMANDEE

Docteur Robert N. Hicks  
Président  
Association dentaire canadienne  
1815, Alta Vista Drive  
Ottawa, Ontario  
K1G 3Y6



Objet: Assurance responsabilité civile professionnelle

Monsieur le président,

Nous accusons réception de votre lettre concernant le sujet en titre et vous en remercions. Nous prenons acte de votre conclusion dans laquelle vous souhaitez que nous recevions vos commentaires comme le prélude à des discussions constructives... Nous sommes fort heureux de vos bonnes dispositions puisqu'elles nous permettent d'espérer trouver chez vous l'ouverture d'esprit requise à la discussion de cette question.

Il n'y a donc pas de place, dans ce contexte, pour une imposition unilatérale de quelque nature que ce soit! Notre Association, et par conséquent nos membres, connaissent et vivent parfois la frustration d'imposition de décrets gouvernementaux absolument iniques et insensés.

Examinons ensemble la façon de procéder du C.D.S.P.I. et de l'A.D.C. dans ce qui doit s'appeler "l'entente de participation."

Un comité de sages, parce qu'il a dit avoir éprouvé un "problème" donné avec une autre province, a préparé un document qui modifiait l'entente de participation entre l'A.D.C. et les associations provinciales.

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(514) 376-7861

Les sages ont présenté ce document au Conseil d'administration du C.D.S.P.I. qui l'a approuvé malgré le fait qu'il ait été averti qu'une nouvelle clause nous était totalement inacceptable. On a passé outre à cet avertissement et on n'a rien dit à l'Exécutif de l'A.D.C. lorsqu'on lui a demandé d'approuver le document pour présentation au Bureau des Gouverneurs. Bien plus, aucun gouverneur ne semblait être au courant de ce problème, lors de la présentation de ladite résolution.

En septembre 83, c'est la surprise générale, au Bureau des gouverneurs de l'A.D.C., quand l'A.C.D.Q., par la voix de son président, manifeste son total désaccord et sa frustration devant cette façon de procéder qui s'apparente à celle de l'imposition de décrets gouvernementaux.

A ce Bureau des Gouverneurs de l'A.D.C., le président de l'A.C.D.Q. vous a informé qu'il ne détenait pas de mandat lui permettant de signer cette nouvelle entente. Il a même ajouté qu'il se présentait avec un mandat clair et restreint, c'est-à-dire celui de reconduire l'ancienne entente. Il n'avait aucune marge de manoeuvre.

Monsieur le président, nous sommes d'avis que vous possédez assez d'expérience dans les affaires pour apprécier, à leur juste valeur, le sens et les implications d'un mandat donné. Vous avez gardé le silence sur ce point et certains membres du Bureau se sont même permis de négocier, d'interpréter le mandat présenté, allant même jusqu'à dicter le texte que l'A.C.D.Q. devrait signer.

Les représentants de l'A.C.D.Q. se sont fiés à l'intervention du docteur Moran démontrant qu'il avait bien saisi la teneur de nos propos lorsqu'il a dit que le Québec était un partenaire trop important pour ignorer ses revendications et qu'il était prêt à explorer les avenues et faire les démarches nécessaires pour en venir à une entente harmonieuse.

Docteur Robert N. Hicks, .../3

L'A.D.C. nous a fait parvenir le document que nous refusons et insistait pour qu'il soit signé avant le 31 décembre 83. Nous avons même subi des pressions de la part du C.D.S.P.I. et de l'A.D.C. qui, en début de décembre, s'inquiétaient du fait qu'on n'avait pas encore retourné ladite entente signée.

Nous l'avons retournée, comme vous le mentionnez, en biffant ce qui nous était inacceptable et en ajoutant que l'entente de participation nous était facultative pour l'assurance contenu de bureau et l'assurance responsabilité civile professionnelle.

Notre position sur ce document est claire, monsieur le président. Nous n'avons jamais signé, dans le passé, ni ne signerons, dans le futur, une entente qui nous paraît inacceptable parce qu'elle brime notre liberté et est incompatible avec notre mandat d'association professionnelle.

Dans notre constitution, notre raison d'exister et notre premier devoir sont: LA DEFENSE DES INTERETS ECONOMIQUES de nos membres.

Votre document va à l'encontre du principe même de notre existence et votre façon d'agir par imposition, via un Bureau des Gouverneurs mal informé et ignorant une bonne partie des véritables enjeux sur lesquels on lui demande de se prononcer, nous est totalement inacceptable. Que signifie donc, pour l'A.D.C., le mot ENTENTE??? Un monologue!

Un dialogue constructif permettrait que les positions s'éclaircissent et que nous signions une entente où les droits de nos membres quant à une information objective, et les droits de notre Association seraient reconnus et respectés.



De l'information de nos membres  
et du principe de la libre entreprise

Vous avez, monsieur le président, un concept à sens unique de la libre entreprise. Selon vous, si un membre corporatif de l'A.D.C. trouve un meilleur produit d'assurance que celui offert par le C.D.S.P.I., il doit alors s'en référer à ce dernier qui, s'il décide de ne pas l'offrir, devra s'expliquer.

Pendant tout ce temps, notre membre que l'on met en boîte et à l'abri d'une information objective, paiera des primes plus élevées au C.D.S.P.I.. Voilà la notion de libre entreprise concurrentielle qui "s'exerce au sein d'une administration collective bien structurée", telle l'A.D.C..

Permettez-nous de différer totalement d'opinion avec vous. Il est de notre responsabilité première d'informer nos membres de ce qu'ils peuvent trouver à meilleur compte. Nous vous donnons comme exemple deux cas: l'assurance responsabilité civile professionnelle et l'assurance contenu de bureau.

Dans le cas de l'assurance responsabilité civile professionnelle, nous connaissons parfaitement le produit du C.D.S.P.I. et son coût. Nous avons donc, suite à la réunion du Bureau des Gouverneurs de l'A.D.C., étant donné la hausse phénoménale de la prime, demandé qu'une recherche soit effectuée auprès de différentes maisons à savoir si un produit identique pouvait être offert et à quel coût.

Les résultats de cette enquête nous sont arrivés en début du mois de décembre. Que serait-il advenu dans l'application de votre principe de la "libre entreprise concurrentielle?"

Nous aurions communiqué le résultat de nos recherches au C.D.S.P.I. qui nous aurait demandé tout le dossier pour pouvoir, à son tour, l'étudier en profondeur. Il nous aurait donné son appréciation quelques semaines plus tard, au mieux, fin janvier, début février 84. Au pis aller, il nous aurait demandé d'attendre et de discuter de ce problème au prochain Bureau des Gouverneurs en avril 84.

Pendant ce temps, comme la plupart de nos membres acquittent la prime exigée, fin décembre début janvier, ils auraient, dans votre concept, été mis au courant, 3 à 6 mois trop tard, que le marché, chez eux, leur offrait un produit amélioré, pour un meilleur coût. Belle façon, pour nous, de nous acquitter de nos responsabilités envers ceux qui nous font confiance. Le C.D.S.P.I. aurait pu, ainsi, empocher une prime trop élevée pendant une autre année sur le dos des dentistes informés trop tard parce que leur Association aurait accepté un carcan de procédures qui ne sert que les intérêts d'une "administration canadienne collective bien structurée."

Le temps pressait et, pour nous acquitter du mandat premier que nous avons envers nos membres, nous nous devons de les informer dans les meilleurs délais et ce, de façon objective. Ce que nous avons fait.

Notre objectivité ne s'arrêtera pas là. Nous surveillerons étroitement la façon avec laquelle l'assureur s'acquittera de ses obligations envers tous ceux qui ont décidé librement de faire affaire avec lui. De plus, s'il a diminué sa prime en espérant prendre le marché cette année, et que l'an prochain il compte se reprendre, avec la même objectivité, nous informerons nos membres en conséquence. Si le C.D.S.P.I. s'avère le meilleur offrant, nous le dirons aussi. C'est ça pour nous la libre entreprise qui se livre à la concurrence et nous entendons en faire profiter nos membres.

Docteur Robert N. Hicks, .../6

Pour vous démontrer encore notre objectivité, ajoutons que, pour nous assurer que nos membres sont servis de façon excellente, le président de l'A.C.D.Q. a demandé une étude comparative de l'assurance offerte sur le contenu de bureau à la fois par le C.D.S.P.I., par Sogedent et par d'autres maisons. Encore là, monsieur le président, nous indiquerons à nos membres le résultat de nos démarches. Ils choisiront, ensuite, avec qui ils veulent s'assurer et nous leur faciliterons la tâche pour aller vers celui, qui, dans les circonstances, nous apparaîtra le plus avantageux.

### Conclusion

Vous avez, en les effleurant, abordé d'autres sujets. Comme nous désirons régler les problèmes un à un et, en priorité, l'entente de participation, nous avons décidé de mettre ceux-ci au second plan, pour le moment. Cependant, immédiatement après, nous discuterons en profondeur de la représentativité du Québec au sein du C.D.S.P.I..

Nous saisissons donc l'occasion qui nous est présentée pour qu'enfin, dans un dialogue franc et ouvert, l'A.D.C. nous manifeste sa bonne foi. Si vous désirez toujours modifier l'entente de participation avec le Québec, nous serons disponibles pour en discuter. Nous aimerions connaître, par le retour du courrier, s'il vous est agréable d'entreprendre des pourparlers dans le sens que nous vous avons indiqué. Nous sommes à votre disposition pour les entamer rapidement.

Comme ce sujet reviendra peut-être au prochain Bureau des Gouverneurs, nous nous permettons, pour l'information de ces derniers, de faire parvenir à chacune des provinces copies de votre lettre et de la nôtre.

Docteur Robert H. Hicks, .../7

Au plaisir de vous rencontrer bientôt, nous joignons l'expression de notre collaboration anticipée dans la recherche d'une solution équitable pour nos membres.

Le président,

A handwritten signature in dark ink, appearing to read 'Claude Chicoine', written in a cursive style.

Claude Chicoine, d.d.s.

CC/sd

DRAFT 19/05/83

## PARTICIPATION AGREEMENT

AGREEMENT made as of January 1, 1984 between CANADIAN DENTAL ASSOCIATION ("CDA") and *Quebec Dental Surgeons Association* (the "Co-Sponsor").

## WHEREAS:

- A. CDA, on behalf of itself and participating provincial dental organizations, is the sponsor of certain insurance plans and programs in which members of the Canadian dental profession and their families and employees may participate; and
- B. the Co-Sponsor wishes to participate in the sponsorship of one or more of the insurance plans and programs so sponsored by CDA;

NOW THEREFORE THIS AGREEMENT WITNESSETH that in consideration of their covenants and agreements herein contained the parties covenant and agree as follows:

1. Definitions

In this agreement:

- (a) "Carrier" means, with respect to any Plan, the issuer of the master policy or other agreement embodying such Plan or the insurer

or other person with which CDA has entered into contractual or other relations providing for such Plan;

(b) "Carriers' Agreements" means agreements entered into from time to time among CDA, CDSPI and the Carriers pursuant to which CDSPI is authorized to perform certain administrative services on behalf of the Carriers and CDA in connection with the Plans;

(c) "CDSPI" means Canadian Dental Service Plans Inc.;

(d) "Participant" means, at any time with respect to any Plan, an individual who, at such time, is participating in such Plan or who is entitled to benefits thereunder;

(e) "Participating Organization" means, at any time with respect to any Plan, a provincial dental organization which at such time is participating in the sponsorship of such Plan through agreement with CDA;

(f) "Plan" means, at any time, an insurance plan or program which is being sponsored by CDA on behalf of itself and each Participating Organization which at such time is participating in the sponsorship thereof; and

(g) "Sponsored Plan" means, at any time, a Plan in the sponsorship of which the Co-Sponsor is participating at such time.

**2. Participation**

Subject to termination pursuant to section 3, the Co-Sponsor:

(a) shall participate in the sponsorship of each of the Plans listed in Schedule A; and

(b) shall be entitled to commence to participate from time to time in the sponsorship of any other Plan from such date and upon such terms and conditions as may be agreed at that time by CDA and the Co-Sponsor.

**3. Termination of Participation**

The Co-Sponsor shall be entitled to terminate its participation in the sponsorship of any Sponsored Plan upon giving written notice to CDA not less than 180 days (or such shorter period as CDA may agree) prior to the renewal date of such Plan in which it proposes to cease to so participate.

**4. Communication of Plans**

CDA shall, from time to time, furnish the Co-Sponsor with copies of all announcements, explanatory booklets, newsletters and other descriptive and promotional literature with respect to each Sponsored Plan prepared and distributed to Participants and potential Participants by CDSPI in accordance with the provisions of the Carriers' Agreements and shall arrange for representatives of



the Carrier or CDSPI to attend conventions, conferences and meetings of members of the Co-Sponsor to provide information relating to the Sponsored Plans.

**5. Statements**

CDA shall deliver or shall cause CDSPI to deliver on its behalf, to the Co-Sponsor, annual statements for each Sponsored Plan setting out:

- (a) the enrollment statistics for the Plan;
- (b) a summary of all amounts received and disbursed in connection with the Plan;
- (c) details, as furnished by the Carrier of the Plan, of all claims made and/or paid thereunder; and
- (d) information, as furnished by the Carrier of the Plan, with respect to the claims, retention expenses, interest, reserves, contingency funds and surplus or deficit of the Plan.

Such information shall be provided for:

- (i) the group consisting of all the Participants in the Plan;  
and
- (ii) the group consisting of the Participants in the Plan who are participating therein as members of the Co-Sponsor.

The Co-Sponsor shall keep such statements confidential but shall be entitled to make use of them or any information contained in or derived from them in connection with negotiating and arranging alternative coverage to replace a Sponsored Plan in which it ceases to participate pursuant to section 3.

#### 6. Surpluses

In directing and controlling the administration of the Plans CDA, through its Executive Council, shall adopt the policy of making use of surpluses arising under any Plan for the benefit of such Plan and the Participants therein through the reduction of premiums, the improvement or addition of benefits, the payment of dividends or otherwise.

#### 7. Promotion

Subject to the guidance and control of CDA and CDSPI the Co-Sponsor shall promote the Sponsored Plans and encourage its members to become Participants therein. In this connection the Co-Sponsor shall:

- (a) facilitate the distribution to its members of announcements, booklets, application forms, newsletters and other descriptive and promotional literature with respect to the Sponsored Plans prepared by CDSPI pursuant to the Carriers' Agreements;
- (b) assist in arranging meetings to permit the presentation of the Sponsored Plans to its members;

(c) facilitate the presentation of the Sponsored Plans at conventions, conferences and meetings of its members and, in connection therewith, permit representatives of the Carriers and CDSPI to participate in the programs and allocate facilities to them where they can be contacted by attending members;

(d) forward to the Carrier of each Sponsored Plan or CDSPI all enquiries regarding coverage, premiums and claims thereunder and where appropriate assist in resolving any complaints or other difficulties arising in connection therewith; and

(e) assist in arranging for articles and advertisements with respect to the Sponsored Plans in its publications.

Any announcements, booklets and other descriptive and promotional literature prepared at any time by the Co-Sponsor with respect to a Sponsored Plan shall not be distributed to the Participants or potential Participants in such Plan until it has been reviewed and approved for distribution by CDSPI and the Carrier.

The Co-Sponsor shall not advertise or otherwise promote among its members any insurance plan which provides coverage which is similar to that provided under a Sponsored Plan and, without limiting the generality of the foregoing, the Co-Sponsor shall not permit representatives of the carrier of any such similar plan to promote such plan among members of the Co-Sponsor at any convention, conference or meeting at which a representative of a Carrier or CDSPI is in attendance for the purpose of providing information relating to the Sponsored Plans.

8. **Benefit Committee**

The Co-Sponsor shall elect or appoint from among its members a group or committee which shall have primary responsibility for discharging the obligations of the Co-Sponsor under this agreement and shall make such studies and perform such research as may be necessary to permit it to keep CDSPI and CDA fully informed regarding the needs and concerns of the members of the Co-Sponsor with regard to Plans and possible new Plans.

9. **Term**

This agreement shall remain in full force and effect for so long as the Co-Sponsor continues to participate in the sponsorship of one or more Plans.

10. **Notices, etc.**

Any notice, approval, authorization or other communication to be given pursuant to this agreement to either party shall be in writing and shall be deemed to have been duly given if delivered in person to the President, Chairman or Secretary of such party or, except during a period of general discontinuance of postal service, mailed by pre-paid registered mail addressed:

(a) if to CDA, to it at:

1815 Alta Vista Drive,  
Ottawa, Ontario.  
K1J 3Y6

marked to the attention of its Secretary or to such other address as CDA shall specify by notice to the Co-Sponsor; and

(b) if to the Co-Sponsor, to it at:

marked to the attention of its Secretary or to such other address as the Co-Sponsor shall specify by notice to CDA;

and shall be deemed to have been given on the day of delivery or, except during a period of general discontinuance of postal service, on the seventh business day following mailing.

# 11. Successors and Assigns

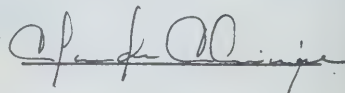
This agreement shall enure to the benefit of and be binding upon the parties hereto and their respective successors and assigns.

IN WITNESS WHEREOF the parties hereto have duly executed this agreement.

THE CANADIAN DENTAL ASSOCIATION

By: \_\_\_\_\_

(name of Co-Sponsor)

By: 

SCHEDULE A  
Sponsored Plans

Basic Life Insurance

Dependents' Life Insurance

Accidental Death and Dismemberment Insurance

Long Term Disability Insurance

Office Overhead Expense Insurance

Business Interruption Insurance

\* ~~Office Contents Insurance~~ *Q*

General Liability Insurance

Malpractice Insurance\* *Q*

\*Not applicable in Ontario. *and facultative for Quebec Q*

\* *Facultative for Quebec Q*

# CAMPBELL, GODFREY & LEWTAS

BARRISTERS & SOLICITORS

P. O. BOX 36

TORONTO-DOMINION CENTRE

TORONTO, CANADA

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DONALD J. STEADMAN  
EDWARD A. TORY  
ROBERT E. SMOLKIN  
JOHN W. SABINE  
STEPHEN S. RUBY  
WALTER J. PALMER  
DONALD E. SHORT  
MARK A. RICHARDSON  
LEAH PRICE  
GAVIN MACKENZIE  
SUSAN ENG  
RONALD J. McCLOSKEY  
GRANT R. M. HAYDEN  
PETER J. BARBETTA  
ELIZABETH J. JOHNSON  
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GEORGE TIVILUK, O.C.  
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JOHN T. MORIN  
KAREN F. TROTTER  
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SAMUEL P. RICKETT  
THOMAS B. BAKER  
D. GEORGE KELLY  
A. BETH MOORE  
JOAN M. H. WEPPLER  
PETER W. VAIR  
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ALLAN G. BEACH  
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W. THOMAS BARLOW  
W. DAVID PETRAS  
JOHN D. ABRAHAM

COUNSEL  
HON. JOHN M. GODFREY, O.C.  
T. B. O. McKEAG, O.C.

QUOTE FILE NO.

January 16, 1984

Mr. K.D. Butler  
General Manager  
Canadian Dental Service Plans Inc.  
Suite 600  
2 Lansing Square  
WILLOWDALE, Ontario  
M2J 4Z3

Dear Kingsley:

## Withdrawal of Plan Sponsorship by Association des chirurgiens dentistes du Quebec

As requested I have reviewed the provisions of the insurance plans which relate to the status of those participants in the Plans whose eligibility to participate is dependent on the continued sponsorship of the Plans by the association des chirurgiens dentistes du Quebec. I cannot, of course, comment on the way in which these provisions would be interpreted under Quebec law to the extent that it differs from Ontario law so you may wish to have my conclusions reviewed by Quebec counsel. You may also wish to obtain from the insurance companies of the affected Plans their views on how they interpret the relevant provisions of their respective policies.



1) **Imperial Life Plans**

(a) **Master Agreement Number 2596**

The provisions of the Master Agreement which took effect January 1, 1984 are relatively straightforward on this issue. Section 4(d) states that Imperial agrees to provide an individual policy of Yearly Renewable Term Insurance on the life of each individual who, on the date on which the application is received by Imperial at its Head Office is either an Eligible Member or a Designated Eligible Member (as those terms are defined in sections 4(b) and 4(c) in accordance with the definitions agreed to by the CDA). Section 9 states that the insurance takes effect on the receipt and approval by Imperial at its Head Office of both the application and such evidence of insurability (if any) as is required. Section 11(b) then deals specifically with the withdrawal of the sponsorship of a provincial dental association, stating that "On the date that any Provincial Dental Association ceases to be a participating Provincial Dental Association, it shall be deemed in respect of those individuals who are either Eligible Members or Designated Eligible Members by reason of membership in that Provincial Dental Association that this Agreement has terminated." Section 11(a) provides that if the Master Agreement is terminated Imperial shall not be obliged to make available further policies of insurance. The owners of the policies already issued (the current Participants in the Plan) have the option of maintaining their policies in force at the premium rates in use by Imperial for its one year Renewable and Convertible Term Policy (non-participating) based on the class of risk to which the Participant belonged as at the effective date of his policy. Therefore, under this Plan, any person whose application has been received and approved by Imperial will be entitled to exercise

his option to maintain his policy in the manner set out in section 11(a) but effective January 1, 1984 (assuming that December 31, 1983 is the date as of which the Quebec association's sponsorship terminates) Imperial is no longer obliged to issue new policies to those individuals whose eligibility is contingent on membership in the Quebec association.

(b) **Policy Number 51946 - Dependents' Group Term Life Insurance**

The eligibility criteria under this policy are set out on page 4 and state that an individual is eligible for insurance under the policy if he has one or more Dependents and "he is insured (or is to become insured) under an individual policy issued pursuant to the Master Agreement and has not exercised the Conversion Privilege under such policy." The Master Agreement referred to is number 2596 and while the term "Conversion Privilege" is not defined in that Agreement the only conversion privilege described in it is the one set out in section 11(a) and discussed above. The insurance once again takes effect upon approval by Imperial at its Head Office. Under this Plan, therefore, it would appear that if an application is accepted before the individual whose eligibility under Master Agreement 2596 is contingent on membership in the Quebec association either exercises his option to convert his policy to an individual policy in accordance with section 11(a) or cancels his coverage the Participant will be entitled to exercise the conversion privilege set out on page 6 of this policy and convert to a participating Life, Endowment or One Year Convertible Non-Renewable Non-Participating Term Plan issued by Imperial provided that the conditions set out on page 6 (including the 31 day time period described in section 2(a)) are satisfied.

(c) **Policy Number 51947 - Group Long Term Income Replacement - Yearly Renewable and Group Office Overhead Expense-Yearly Renewable**

The eligibility criteria under this policy are considerably more complex than under the life insurance plans. The rules concerning eligibility of individuals to become Participants are set out on page 12. Individuals who were both actively at work and "associated with the Policyholder" on January 1, 1978 (the "Effective Date") were eligible to become Participants. Those who have subsequently become "associated with the Policyholder" have become eligible on the date on which they became so associated (as there is currently no Waiting Period under the policy) or, if not actually at work on that date, then on the first subsequent date on which they were actually at work. The definition of "associated with the Policyholder" is set out on page 11 and includes a legally qualified dentist who is a member in good standing of the CDA or any participating Provincial Dental Association and a person employed on a full-time regular basis of not less than 20 hours per week either as a legally qualified hygienist, or by a legally qualified dentist, or by any participating Dental Association. A person becomes a Participant when he has become eligible, his completed application has been received by Imperial and, if required, his insurability has been approved by Imperial. The individual's insurance commences on the date on which he becomes a Participant. If, therefore, an individual ceases to meet the eligibility criteria as a result of the withdrawal of the sponsorship of the Quebec association prior to the commencement of his insurance no coverage should be provided for him. Where, however, the individual became a Participant prior to the withdrawal of the Quebec sponsor, the Termination provisions set out on pages 14 and 15 become relevant. Section I on page 14 states that "except as specifically provided to the contrary elsewhere in this policy, all insurance of a Participant terminates on the

date that he ceases to be a Participant, or the date this policy terminates, whichever date first occurs." Section 2 on page 15 then states that "A Participant ceases to be a Participant on the earliest of the following dates:

- (a) In the case of a non-dentist, the date on which the Participant ceases to be associated with the Policyholder.
- (b) In all cases, the date on which the Participant, is considered by the Policyholder no longer to be a Participant.
- (c) [not relevant - age related ],"

The status of a non-dentist under the definition of "association with the Policyholder" is not affected by the withdrawal of the Quebec sponsor. The continued participation of all dentists appears to be (according to section 2(b)) subject to the discretion of the CDA as it is not dependent on continued "association with the Policyholder". The insurance coverage of dentists who were initially eligible for coverage because of the participation of the Quebec association will therefore continue until the CDA considers them to no longer be Participants. On page 26, section 1 of the provision entitled "Claims" states that before settling any claim Imperial requires proof satisfactory to it "that the Participant was eligible at all relevant times." The only time at which membership in the Quebec association appears to be relevant is, however, the date on which the person becomes a Participant. Any steps which the CDA make to take to determine that those who are members only of the Quebec association are no longer to be considered Participants should be taken in such a manner as would

permit those concerned to obtain new coverage or to join the CDA as coverage terminates on the date on which an individual ceases to be a Participant without any conversion rights. The procedures for giving notice of termination under Quebec law should be carefully followed as most Quebec dentists will presumably have no idea that their coverage may have been jeopardized by the arbitrary actions of their provincial association and the CDA.

2) **Seaboard Life Insurance Company Policy - Accidental Death and Dismemberment**

The provisions of this policy relating to this problem are relatively straightforward. The basis of eligibility is set out in the definition adopted by the CDA and is therefore dependent on licensing and membership in the CDA or a participating provincial dental association or designation as an eligible member by the CDA. Section 1 of the policy states that the insurance takes effect on the date on which the application is signed by the Insured Person provided the application is subsequently approved by the insurer. Part 7 of the Schedule (as amended by Endorsement Number 2) then states that the insurance of any Insured Person shall immediately terminate on the earliest of four specified dates including "the premium due date following the date the Insured Person ceases to be associated with the Policyholder in a capacity making such person eligible for insurance hereunder ...". If the Quebec association's sponsorship has terminated effective December 31, 1983 it would be arguable that the Insured Persons affected ceased to be eligible on January 1, 1984, the first date on which the association was not a Plan sponsor, so that coverage would continue until the next premium due date following January 1, 1984. If Seaboard were however to argue that such persons' association with the Policyholder ended on December 31, 1983 and if premiums were due

January 1, 1984 the coverage of such persons could already be in jeopardy. This policy does not contain conversion privileges.

3) **Guardian Insurance Company of Canada - Office Contents, Business Interruption Insurance, Comprehensive General Liability and Malpractice Liability**

The eligibility provisions for all insurance issuable under the Guardian policy are set out in the Master Agreement. Guardian agrees to insure Eligible Members and Designated Eligible Members as those terms are defined in the definitions adopted by the CDA. Eligibility is generally dependent on membership in the CDA or a participating provincial association or employment by someone who meets the membership qualification or a participating association. In all cases an individual's insurance coverage is stated to be in effect from the date specified on his memorandum to January 1, 1985 subject to the insurer's right to terminate the coverage earlier on notice to the insured (90 days under the Malpractice Liability benefit and 180 days under the other three benefits or 15 days notice in all cases in the event of non-payment of premium, fraud or misrepresentation). The statutory conditions applicable to the benefits generally provide much shorter notice periods. Guardian's termination rights are limited by the provision set out in the Cancellation section of the Master Agreement to the effect that it will only cancel an individual Memorandum "because of underwriting considerations particular to the individual Insured to whom the memorandum has been issued."

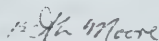
Under Ontario law relating to individual policies of general insurance, where a binding agreement has been reached with the insured to insure as of a given date, a subsequent increase in the risk or other change in circumstances



before that given date would not terminate or otherwise affect the agreement. Therefore where a renewal notice was sent out before anyone was aware of the changed circumstances relating to eligibility and the premium paid (the notice being the offer to insure and the payment being the acceptance of the offer) the change in the eligibility status would not jeopardize the insurance. While Guardian could arguably give notice of termination to those insureds whose status has changed because of the withdrawal of sponsorship by the Quebec association it is very difficult to see how Quebec's withdrawal could be characterized as an underwriting consideration particular to the individual Insureds.

Until the Quebec situation is clarified and either another suitable Quebec sponsor is found or those dentists who are now members of the Quebec association are notified of the situation and given an opportunity to join the CDA, the CDA might wish to consider designating as Eligible Members anyone whose coverage may have been jeopardized by Quebec's withdrawal of sponsorship.

Yours truly,



A.B. Moore

ABM/mmb





CANADIAN DENTAL ASSOCIATION / L'ASSOCIATION DENTAIRE CANADIENNE

1815 ALTA VISTA DRIVE, OTTAWA, ONTARIO, CANADA K1G 3Y6  
TELEPHONE (613) 523-1770

OFFICE OF THE PRESIDENT

March 6, 1984.

Dr. Claude Chicoine  
President et Directeur General  
Association des chirurgiens dentistes  
du Quebec  
4159 est, rue Belanger  
Montreal, Quebec  
H1T 1A2

Dear Claude:

This letter is to confirm our discussion at the recent CDA Executive Council meeting on February 25, 1984 regarding QDSA's concern about the amended Clause 7 (Promotion) of the Participation Agreement relating to CDSPI insurance plans.

Your letter to me of February 14, 1984 indicated that you feel the CDA Board of Governors were not totally aware of the QDSA's disagreement with the amendment when they voted approval of the new Clause 7 (Promotion) of the Participation Agreement. I offered to you:

- a) A reconsideration of this item by the Board of Governors at their April 1984 meeting in Montreal. This action would involve new debate and a new vote on the clause in question (Clause 7).

Your response to this offer at the Executive Council meeting was that you did not want reconsideration of the vote on Clause 7 (Promotion).

Your letter of February 14, 1984 also stated that QDSA will be promoting both malpractice insurance and office content insurance other than CDSPI sponsored plans. This action would be in contravention of Clause 7 (Promotion) and therefore I identify to you that:

- b) A Co-Sponsor (i.e. QDSA) shall be entitled to terminate its participation in the sponsorship of any Sponsored Plan upon giving written notice to CDA not less than 180 days (or such shorter period as CDA may agree) prior to the renewal date of such Plan in which it proposes to cease to so participate.

Your response was that you would be terminating QDSA's participation (under Clause 3) in the Malpractice insurance plan and you would be considering terminating the participation by QDSA in the Office Content insurance plan after you receive final quotes on rates resulting from your surveys.

Following these decisions on your part I requested CDSPI to identify the impact of these decisions on all QDSA members presently in possession of CDSPI Malpractice and Office Content insurance. Once your termination dates are firmly established, CDSPI should inform all QDSA members of their present and future status with regard to CDSPI Malpractice and Office Content policies. It is noted that all CDA members in Quebec will not be effected by any termination action.

It should further be noted that it is unclear as to how QDSA could return, in the future, to participating in those plans it has terminated.

At the conclusion of our discussion you informed the Executive Council that QDSA would be prepared to sign the Participation Agreement as it relates to all insurance plans other than those your Association chooses to not participate in.

Claude, in your letter to me of February 14, 1984 you requested my permission to send my letter to you of January 17, 1984 (and yours of February 14) to each province. However, when we met at the Executive meeting you indicated that you had already sent these letters to all of the Governors on the Board.

In addition, you confirmed that you had seen fit to publish both my letter and yours in your newsletter to all QDSA members. Following our discussions you agreed to provide further information to

- 3 -

QDSA members which would identify the co-operative and helpful nature that the President of CDA provided to assist in reaching an acceptable solution for Quebec -- contrary to the impression of confrontation suggested by your publishing both our letters to your membership prior to our opportunity to discuss these matters.

I am pleased that these discussions resulted in acceptable solutions for QDSA and that all discussions took place in a co-operative manner.

Sincerely,

A handwritten signature in dark ink, appearing to read "Robert N. Hicks". The signature is fluid and cursive, with the first name "Robert" being more prominent and the last name "Hicks" following in a similar style.

Robert N. Hicks, D.D.S., M.S.  
President

RNH/1e



## CANADIAN DENTAL ASSOCIATION / L'ASSOCIATION DENTAIRE CANADIENNE

1815 ALTA VISTA DRIVE, OTTAWA, ONTARIO, CANADA K1G 3Y6  
TELEPHONE (613) 523-1770

OFFICE OF THE PRESIDENT

Le 6 mars 1984

Dr Claude Chicoine  
Président-Directeur général  
Association des chirurgiens dentistes  
du Québec  
4159 est, rue Bélanger  
Montréal, (Québec)  
H1T 1A2

Cher Claude,

La présente a pour objet de confirmer l'entretien que nous avons eu le 25 février dernier, lors de la réunion du Conseil exécutif de l'ADC, au sujet des préoccupations de l'ACDQ concernant la modification apportée à la clause 7 (Promotion) de l'entente de participation au régime d'assurances CDSPI.

Votre lettre du 14 février 1984 m'indiquait que vous n'aviez pas l'impression que le Bureau des gouverneurs de l'ADC était pleinement averti du désaccord de l'ACDQ sur la modification en question, quand il a adopté, par vote, la nouvelle clause 7 (Promotion) de l'entente de participation. Voici ce que je vous ai alors proposé:

- a) Invitons le Bureau des gouverneurs à réexaminer la question à sa réunion d'avril 1984, à Montréal; ce qui entraînerait un nouveau débat et un nouveau vote sur la clause 7.

A la réunion du Conseil exécutif, vous avez répondu que vous ne vouliez pas que le vote sur la clause 7 (Promotion) soit remis en question.

Dans la même lettre, vous déclarez également que l'ACDQ fera la promotion d'assurances protection contre la faute professionnelle et d'assurances d'équipement de bureau, qui ne sont pas comprises dans le régime d'assurances CDSPI. Un tel geste contreviendrait aux dispositions de la clause 7 (Promotion). Je vous ai alors souligné ceci.

- b) un répondant (en l'occurrence, l'ACDQ) est autorisé à retirer sa participation à la commandite de tout régime commandité en autant qu'il en donne l'avis par écrit à l'ADC dans un délai d'au moins 180 jours (ou plus court si l'ADC y consent) avant la date de renouvellement du régime auquel il se propose de ne plus participer.

Vous avez répondu que l'ACDQ mettra fin à sa participation au régime d'assurance-protection contre la faute professionnelle (en vertu de la clause 3) et qu'elle examinera la possibilité de se retirer du régime d'assurance d'équipement de bureau après avoir pris connaissance de toutes les primes qu'on lui aura proposées dans le cadre de son étude.

Pour donner suite à votre décision, j'ai demandé au CDSPI d'examiner ce qu'il en résulterait pour tous les membres de l'ACDQ qui y sont assurés contre la faute professionnelle ou qui y ont assuré leur équipement de bureau. Dès que vous aurez fixé la date de votre retrait des deux régimes, le CDSPI devrait informer tous les membres de l'ACDQ de leur situation en ce qui a trait à ces deux polices d'assurance. Il faut noter que tout retrait, quel qu'il soit, ne touchera pas nécessairement tous les membres de l'ADC au Québec.

Il faut noter aussi qu'on ne saurait pas trop comment l'ACDQ pourrait, à l'avenir, participer de nouveau aux régimes dont elle se sera retirée.

A la fin de notre entretien, vous m'avez informé que le Conseil exécutif de l'ACDQ serait prêt à signer une entente de participation en ce qui regarde tous les autres régimes d'assurance, sauf ceux auxquels votre Association déciderait de ne pas participer.

Dans votre lettre du 14 février 1984, vous m'avez demandé, cher Claude, la permission de diffuser à toutes les provinces, en même temps que votre lettre, celle que je vous avais écrite le 17 janvier 1984. Néanmoins, lorsque nous nous sommes rencontrés à la réunion de l'Exécutif, vous m'avez informé que vous aviez déjà envoyé les deux lettres à tous les gouverneurs de l'ADC.

En outre, vous m'avez confirmé que vous aviez jugé bon de publier les deux lettres, la vôtre et la mienne, dans le bulletin d'information que vous adressez à tous les membres de l'ACDQ. Puis, après discussion, vous avez accepté d'informer davantage vos membres notamment sur la collaboration et l'aide que le président de l'ADC a apportées dans la recherche d'une solution acceptable par les représentants du Québec. Ceci corrigerait l'impression de confrontation qu'aurait pu laisser chez vos membres la publication des deux lettres avant que nous ayons eu l'occasion d'en discuter.

- 3 -

Enfin, je me réjouis sincèrement de ce que nos entretiens, qui se sont déroulés dans un climat de collaboration, nous aient permis de trouver une solution acceptable par l'ACDQ.

Veuillez agréer, cher Claude, l'expression de mes meilleurs sentiments.

Le président,

A handwritten signature in dark ink, appearing to read "Robert Hicks", written in a cursive style.

Robert N. Hicks, D.M.D., M.Sc.



## CANADIAN DENTAL ASSOCIATION / L'ASSOCIATION DENTAIRE CANADIENNE

1815 ALTA VISTA DRIVE, OTTAWA, ONTARIO, CANADA K1G 3Y6  
TELEPHONE (613) 523-1770

OFFICE OF THE PRESIDENT

March 6, 1984

MEMORANDUM TO: CDA Board of Governors

FROM: Dr. Robert Hicks - President

RE: QDSA Termination of Co-Sponsorship of  
CDSPI Malpractice Insurance Plan

At the February 24-25, 1984 Executive Council meeting, QDSA indicated through their President that they will be terminating their co-sponsorship of the CDSPI Malpractice Insurance Plan. This option is available to them under the present Participation Agreement.

This action creates a number of decisions to be made by the CDA Board of Governors related to events that will occur after January 1, 1985.

The purpose of this memorandum is to identify events that will occur after January 1/85 and also to suggest some potential options available to the Board in making decisions. This memorandum does not necessarily identify all events or all potential solutions but instead intends to provide a basis for discussion on this issue.

1. ACTION:

QDSA Terminates Malpractice Insurance April 1, 1984.

2. STATUS OF CURRENT INSURANCE (CDSPI):

QDSA Member: continues in effect until  
January 1/85.

CDA Member: continues in effect until  
January 1/85.

3. STATUS OF INSURANCE AS OF JANUARY 1, 1985

QDSA Member: not eligible for CDSPI Malpractice  
Insurance

CDA Member: eligible for CDSPI Malpractice  
Insurance



4. Number of QDSA Members With CDSPI Malpractice Insurance:

As of April 1, 1984 (i.e. non-CDA members) equals approximately 900.

5. To Permit QDSA Members to Have Access to CDSPI Malpractice Insurance January 1, 1985 CDA May:

- a) Require all such QDSA members to also join CDA in order to protect their eligibility.
- b) Designate as Eligible Members those QDSA members who are not CDA members.

Designated Eligible Members are then able to apply for or renew CDSPI Malpractice Insurance.

- c) Obtain agreement that the Order of Dentists of Quebec become the co-sponsors of the Malpractice Insurance Plan or all CDSPI Insurance Plans.

6. IMPACT:

- a) Will require a QDSA member to pay \$225 CDA dues in order to purchase CDSPI Malpractice Insurance.

Unless the QDSA member is encouraged to enjoy the other benefits of being a member of CDA, it is highly unlikely that the QDSA member will join CDA to obtain CDSPI Malpractice Insurance i.e. the member will purchase QDSA sponsored insurance or private (individual) malpractice insurance.

- b) Will require CDA to create Designated Eligible Member status on all non-CDA member dentists who are licensed in the province of Quebec (or on those non-CDA members who are members of QDSA).

This will allow CDSPI to compete with QDSA sponsored malpractice insurance plans i.e. both CDSPI and Gestas Inc. Plans will be available for QDSA members. CDSPI is confident that over medium time range (i.e. 2-3 years) that CDSPI malpractice policy will survive as the best policy.

For CDA, this alternative, goes against our current policy of providing benefits for our members. By providing Designated Eligible Member status anywhere in Canada we provide to a non-member a membership benefit in a situation whereby CDA membership is required.

In this option, there is no stimulus or encouragement for QDSA to sponsor CDSPI Malpractice Insurance in the future. Once Designated Eligible Member status is created in Quebec, the QDSA member will have access to either CDA sponsor plans or QDSA sponsor plans -- a condition I would suggest will survive the test of time. In addition, it would be difficult for CDA to deny this benefit in other provinces in Canada.

- c) Will require the ODQ to become the co-sponsor of the CDSPI Malpractice Insurance or all CDSPI Insurance plans by signing a "Participation Agreement".

The present Participation Agreement does not prevent two provincial dental organizations within a province of Canada from co-sponsoring all of the CDSPI insurance plans.

This option would eliminate any future problem involving other CDSPI Insurance Plans that QDSA may wish to terminate their sponsorship of (they have indicated they may terminate sponsorship of the Office Content Insurance Plan).

In the event that the ODQ wishes to only co-sponsor those insurance plans that QDSA does not want to co-sponsor, there may be a problem with the existing Participation Agreement providing such an opportunity. Once the Agreement is signed,

all insurance plans listed in its Schedule A are co-sponsored. In the case of Malpractice Insurance and Office Content Insurance, their renewal would take place one year after the signing of the Agreement. Termination requires one year, in effect, to take place so all plans would be co-sponsored for one year and then, with appropriate termination notice, only Malpractice Insurance and Office Content Insurance would remain.

- c) In the event that ODQ wishes to co-sponsor all or some CDSPI plans, consideration must be given to obtaining representation for them on the CDSPI Board as a participating provincial dental organization. This would provide the province of Quebec with two members on the Board whereas other provinces or areas only have one. It should also be noted that CDA is restricted in providing a Quebec and an Ontario dentist as their representatives.

7. SUMMARY:

It appears that the CDA Board of Governors must choose between options (a), (b) or (c). Possibly during discussions of this issue, additional alternatives will become evident.

It also appears that our Participation Agreement may need review and updating taking into consideration the present situation. The Agreement does not include provisions for those provinces that terminate co-sponsorship of any plan to reinstate their co-sponsorship at a later date. It does not provide a penalty for the parties to the Agreement in the event that obligations are not completed.

At the forthcoming Interim Board Meeting in April, the Board of Governors must establish policy or direction as to:

- i) What will the status of QDSA members be, with respect to access to renew or purchase CDSPI Malpractice or other non-sponsored insurance after January 1/85, in the event that the QDSA terminates their co-sponsorship?

- ii) What is CDA's policy regarding any provincial dental organization who wishes to co-sponsor any CDSPI insurance plan in a province where another provincial dental organization desires to terminate their co-sponsorship of any or all CDSPI insurance plans?
- iii) What is CDA's policy regarding access by non-CDA members to CDSPI Insurance Plans when events occur which eliminate provincial dental organization co-sponsorship in any province in Canada?
- iv) What is the status of our present Participation Agreement? Is it a good document and does it reflect all of our objectives regarding the dental profession's sponsorship of "group" insurance plans? Does the document encourage fulfillment of the obligations undertaken by those who sign the document?

The purpose of this memorandum is to provide a basis for discussion and debate on this issue. I have attempted to sort out the important issues to discuss but I do not claim to have identified all of the possible solutions. The current events before us stimulate us to seriously review the reasons why we have a national insurance program co-sponsored by the CDA and the provincial dental organizations and to decide whether these reasons are valid or not. If our decisions of the past are valid, is the present structure strong enough to ensure that our national insurance plans will survive in the future?

RNH/1e



CANADIAN DENTAL ASSOCIATION / L'ASSOCIATION DENTAIRE CANADIENNE

1815 ALTA VISTA DRIVE, OTTAWA, ONTARIO, CANADA K1G 3Y6  
TELEPHONE (613) 523-1770

OFFICE OF THE PRESIDENT  
Cabinet du président

Le 6 mars 1984

NOTE AU: Bureau des gouverneurs  
DE: Dr Robert Hicks, président  
OBJET: Retrait de l'ACDQ du régime d'assurance-  
protection du CDSPI contre la faute professionnelle

Lors de la réunion du conseil de direction des 24 et 25 février 1984, l'ACDQ a fait savoir, par la voix de son président, qu'elle retirera sa commandite du régime d'assurance-protection du CDSPI contre la faute professionnelle se prévalant ainsi des dispositions de la présente entente de participation.

Ce geste amènera le Bureau des gouverneurs de l'ADC à prendre certaines décisions quant aux répercussions qu'il aura après le 1<sup>er</sup> janvier 1985.

La présente note a pour objet de prévoir certaines éventualités et d'offrir certaines solutions. Elle ne prétend pas tout prévoir, ni des éventualités ni des solutions possibles; elle servira plutôt à amorcer la discussion.

1. LE GESTE:

L'ACDQ se retire du régime d'assurance-protection contre la faute professionnelle le 1<sup>er</sup> avril 1984.

2. EFFET SUR L'ASSURANCE ACTUELLE (CDSPI):

|                             |                                                                  |
|-----------------------------|------------------------------------------------------------------|
| Pour les membres de l'ACDQ: | La police reste en vigueur jusqu'au 1 <sup>er</sup> janvier 1985 |
|-----------------------------|------------------------------------------------------------------|

|                            |                                                                  |
|----------------------------|------------------------------------------------------------------|
| Pour les membres de l'ADC: | La police reste en vigueur jusqu'au 1 <sup>er</sup> janvier 1985 |
|----------------------------|------------------------------------------------------------------|

3. EFFET SUR L'ASSURANCE APRÈS LE 1<sup>er</sup> JANVIER 1985

|                          |                                                                                          |
|--------------------------|------------------------------------------------------------------------------------------|
| Les membres<br>de l'ACDQ | Non admissibles à l'assurance-<br>protection du CDSPI contre la<br>faute professionnelle |
|--------------------------|------------------------------------------------------------------------------------------|

|                         |                                                                                      |
|-------------------------|--------------------------------------------------------------------------------------|
| Les membres<br>de l'ADC | Admissibles à l'assurance-<br>protection du CDSPI contre la<br>faute professionnelle |
|-------------------------|--------------------------------------------------------------------------------------|

4. Nombre des membres de l'ACDQ qui ont une assurance  
du CDSPI contre la faute professionnelle

Au 1<sup>er</sup> avril 1984, environ 900 (ils n'appartiennent  
pas à l'ADC).

5. Pour permettre aux membres de l'ACDQ d'adhérer au  
régime de protection du CDSPI contre la faute  
professionnelle le 1<sup>er</sup> janvier 1985, l'ADC peut:

- a) Les obliger à adhérer également à l'ADC pour  
conserver leur admissibilité;
- b) Désigner comme admissibles les membres de l'ACDQ  
qui n'appartiennent pas à l'ADC;

(Les membres ainsi désignés peuvent alors demander  
d'adhérer au régime d'assurance-protection du  
CDSPI contre la faute professionnelle ou de  
renouveler leur police d'assurance.)

- c) Obtenir une entente à l'effet que l'Ordre des  
dentistes du Québec devienne commanditaire du  
régime d'assurance-protection du CDSPI contre  
la faute professionnelle ou de tous les régimes  
d'assurance du CDSPI.

6. REPERCUSSIONS:

- a) Tout membre de l'ACDQ désirant acheter une  
assurance-protection du CDSPI contre la faute  
professionnelle devra auparavant verser sa  
cotisation de 225\$ à l'ADC.

À moins de l'inciter à tirer profit des autres  
avantages que lui offre l'adhésion à l'ADC, il  
est peu probable qu'un membre de l'ACDQ ne se

joigne à l'ADC uniquement pour obtenir une assurance du CDSPI contre la faute professionnelle. Il préférera acheter une police d'assurance commanditée par l'ACDQ ou une police personnelle.

- b) L'ADC devra créer une catégorie de membres désignés admissibles pour tous les dentistes qui n'adhèrent pas à l'ADC mais qui sont autorisés à pratiquer dans la province de Québec (ou du moins qui sont membres de l'ACDQ).

Ceci permettrait au CDSPI de faire concurrence aux régimes d'assurance-protection contre la faute professionnelle commandités par l'ACDQ, dont les membres auraient accès aux régimes du CDSPI ou à ceux de Gestas Inc. Le CDSPI a confiance qu'à moyen terme (deux or trois ans), sa police d'assurance contre la faute professionnelle survivra comme étant la meilleure.

Pour l'ADC, cette option va à l'encontre de sa politique actuelle d'offrir des avantages à ses membres seulement. Le statut de membre désigné admissible partout au Canada permettrait à ceux qui n'adhèrent pas à l'Association d'obtenir un avantage réservé aux membres.

Cette option n'est pas de nature à encourager ni à inciter l'ACDQ à participer de nouveau, à l'avenir, au régime d'assurance-protection du CDSPI contre la faute professionnelle. Une fois établi le statut de membre désigné admissible au Québec, les membres de l'ACDQ auront accès à l'un ou l'autre des régimes, celui commandité par l'ADC ou celui commandité par l'ACDQ - ce qui, à mon avis, pourrait résister au passage du temps. En outre, il serait difficile de ne pas donner la même avantage aux autres provinces du Canada.

- c) L'ODQ devra signer une entente de participation pour participer au régime d'assurance-protection du CDSIP contre la faute professionnelle ou à tous ses régimes d'assurance.

L'entente actuelle n'empêche pas deux association dentaires de la même province de commanditer tous les régimes d'assurance du CDSPI.



Cette option préviendrait d'autres problèmes similaires, si l'ACDQ se retirait d'autres régimes d'assurance du CDSPI (elle a indiqué son intention de mettre fin à sa commandite du régime d'assurance d'équipement de bureau).

Si l'ODQ ne voulait commanditer que les régimes d'assurance dont l'ACDQ ne veut pas, cela poserait des difficultés d'application en regard des dispositions actuelles de l'entente de participation qui le permettent. Une fois l'entente signée, tous les régimes d'assurance énumérés à l'annexe A sont commandités. Pour ce qui est de l'assurance contre la faute professionnelle et celle d'équipement de bureau, le renouvellement ne se ferait qu'un an après la signature de l'entente. Et il en va de même pour l'annulation d'un régime. Ainsi, tous les régimes doivent être en vigueur pendant un an avant d'y mettre fin, sur avis, pour ne conserver que l'assurance contre la faute professionnelle et l'assurance d'équipement de bureau.

- c) Si l'ODQ voulait commanditer, en tout ou en partie, les régimes d'assurance du CDSPI, il faudrait alors penser à lui assurer une représentation au conseil du CDSPI, à titre d'organisation dentaire provinciale participante. Le Québec y compterait alors deux représentants, alors que les autres provinces ou régions n'en ont qu'un. Il faut noter aussi que l'ADC est limitée au choix d'un dentiste québécois ou ontarien pour la représenter.

## 7. EN RÉSUMÉ:

Il semble que le Bureau des gouverneurs de l'ADC ait à choisir entre les options (a), (b), et (c). Mais il est possible que d'autres options surgissent au cours de la discussion.

Il se peut aussi que notre entente de participation ait besoin de révision et de mise à jour, à la lumière de la situation présente. Aucune de ses dispositions ne prévoit la réintégration ultérieure d'une province à l'un des régimes d'assurance dont elle s'est retirée. L'entente ne prévoit pas, non plus, de pénalité pour le cas où l'une des parties ne satisferait pas à ses obligations.

À sa prochaine assemblée intérimaire, qui aura lieu au mois d'avril, le Bureau des gouverneurs doit établir sa politique ou donner son orientation sur les questions suivantes.

- i) Si l'ACDQ retire sa commandite, à quel titre ses membres pourront-ils renouveler ou acheter une police d'assurance du CDSPI contre la faute professionnelle ou toute autre assurance non commanditée après le 1<sup>er</sup> janvier 1985?
- ii) Quelle est la politique de l'ADC à l'égard de tout organisme dentaire provincial qui voudrait commanditer un régime d'assurance du CDSPI dans une province où une autre organisation dentaire provinciale désire se retirer d'un ou de tous les régimes d'assurance du CDSPI?
- iii) Quelle est la politique de l'ADC en ce qui concerne l'accès des régimes d'assurance du CDSPI à ceux qui ne sont pas membres de l'association, dans l'éventualité où une province canadienne se verrait privée de la commandite d'un organisme dentaire provincial?
- iv) Que vaut notre entente de participation dans son état actuel? Est-ce un bon document? Répond-il à tous nos objectifs concernant la participation de la profession de la médecine dentaire à nos régimes d'assurance-groupe? Le document encourage-t-il ses signataires à remplir leurs engagements?

La présente note n'a pour objet que d'amorcer la discussion. J'ai tenté de mettre en lumière les questions les plus importantes, sans prétendre cependant y apporter toutes les réponses possibles. Les événements nous incitent à revoir attentivement les raisons qui nous ont amenés à mettre sur pied un programme national d'assurance, commandité à la fois par l'ADC et par les organisations dentaires provinciales, et d'établir si ces raisons sont valables ou pas. Si nos décisions antérieures tiennent toujours, la structure actuelle de nos régimes nationaux d'assurance est-elle suffisamment forte pour en assurer la survie dans l'avenir?

ENGLISH TRANSLATION OF TEXT

FROM "dent pour dent"

Volume 9, number 3  
March 1984

MALPRACTICE INSURANCE

It is our pleasure to inform you that the controversy created entirely by C.D.S.P.I. with regard to malpractice insurance is now a thing of the past.

It is evident that C.D.S.P.I. cannot admit that one can organize oneself freely. This option does not seem to be shared by the current President of the CDA, Dr. Robert Hicks, who we must stress handled the entire matter with diplomacy during our meeting last week.

This attitude of C.D.S.P.I. comes from the fact that we have asked certain embarrassing questions. We will continue to ask them in the interest of those we represent.

Claude Chicoine  
President

La maturité implique, chez un individu ou un groupe, qu'il établisse ses objectifs et ses stratégies après mûre réflexion, qu'il ait la ténacité et le courage requis dans la réalisation de ses projets et enfin, qu'il soit capable de solidarité notamment en acceptant les règles de la démocratie.

Réflexion, courage et ténacité, solidarité. Autant de preuves de maturité que nos collègues dentistes ont manifestées dans le projet S.S.D.. Nous en sommes fiers.

Le projet S.S.D. a été longuement réfléchi: étude approfondie en comités, étude par les membres de votre Conseil d'administration qui décidèrent, à l'unanimité, d'aller de l'avant, étude et décision par l'Assemblée générale. Mais cela n'était pas suffisant. Il fallait, de plus, que nos collègues dentistes acceptent de participer à ce projet et nous manifestent leur ténacité. Car il s'agit là d'un projet d'envergure qui, comme nous l'avions prévu, rencontre des résistances. Ces résistances sont d'autant plus importantes que quelques confrères n'ont jamais accepté de jouer le jeu de la démocratie et ont constamment tenté d'empêcher le succès de la S.S.D.. Nous le déplorons. Pour autant, la très grande majorité des adhérents ont compris que les réalisations de valeur requièrent de la ténacité. Enfin, ils ont manifesté leur solidarité vis-à-vis des dentistes qui, dans le cadre des structures démocratiques de l'Association et des votes unanimes ou majoritaires qui s'y sont manifestés, ont décidé de soutenir le projet S.S.D..

Le 5 avril 1984, la S.S.D. fêtera sa première année de fonctionnement. Nous pourrions tous fêter cette preuve de notre maturité.

Evidemment, ce n'est pas la «fortune» instantanée et c'est ce que nous avions prévu en établissant un programme de rentabilité de quatre ans. Cependant, les résultats sont encourageants en ce que l'intérêt pour cette formule va en grandissant auprès des assureurs, des employeurs et surtout des employés. N'était-ce pas là le premier objectif, à savoir le développement des régimes privés d'assurance?

Nous entendons déjà la minorité d'opposants reprendre leur éternel refrain écrit ou oral en comparant le fonctionnement et le développement de la S.S.D. à tel ou tel régime existant ou ayant existé ailleurs. Ce qui caractérise la S.S.D., c'est qu'il s'agit d'un régime administré par les dentistes. N'était-ce pas là le second objectif?

La première année a servi à roder le système de communications entre le dentiste et la S.S.D.. Des améliorations ont été apportées, d'autres suivront. De nouveaux participants seront bientôt annoncés et le développement se poursuivra.

Un projet commun conçu avec maturité et mis sur pied avec ténacité saura servir les dentistes pour plusieurs années.

**Le Bureau exécutif  
A.C.D.Q.**

Au nom des 200 millions d'individus porteurs de l'HBV à travers le monde et des 5,000 nouveaux cas d'infections au Québec par année, des mesures préventives s'imposaient. Parmi ces mesures, nous retrouvons les gammaglobulines hyperimmunes (HBIG), et plus récemment le vaccin, Heptavax-B.

#### **Le vaccin**

Le vaccin Heptavax-B est constitué d'HBsAg purifié (appelé autrefois antigène australien) à partir de sérums de porteurs chroniques. Il s'agit d'un vaccin anti-viral existant à l'état le plus pur. Ce vaccin s'est avéré très efficace (~100%) pour la prévention de l'hépatite B et de ses complications, quelque soit l'âge auquel il a été administré. Les seuls effets secondaires observés sont mineurs, à savoir un malaise léger au site d'injection (25% des cas), de la fièvre (1%), et divers problèmes chez moins de 10% (nausée, céphalée, fatigue, éruption). Quant à la spécificité du vaccin, il faut se rappeler qu'il ne protège que contre l'hépatite B et non contre l'hépatite A et les autres formes d'hépatite virale.

En raison de la rareté de la maladie dans notre milieu, du nombre limité de doses disponibles de vaccin (l'humain étant la seule source d'approvisionnement pour le moment), et de son coût élevé (environ \$125.00 pour les 3 doses nécessaires) la vaccination de masse ne mérite pas d'être retenue. Aussi, la vaccination est recommandée seulement pour les personnes à risque d'infection comme les dentistes, les hygiénistes, et autres assistants, en raison d'expositions fréquentes au sang, aux sécrétions (salive...) qui contiennent le virus. Il convient également d'accorder une priorité à ceux qui présentent un test sérologique négatif pour l'antigène (HBsAg) et pour l'anticorps (anti-HBsAg). Ces analyses sont réalisées dans plusieurs centres hospitaliers du Québec, et il suffit de prendre rendez-vous auprès de l'un d'entre eux ou d'un C.L.S.C. afin qu'on vous prélève un échantillon d'environ 5 ml de sang dans un tube sérologique. Pour ceux qui trouvent cette démarche

difficile à réaliser, il y aura une clinique de dépistage du virus de l'hépatite B au cours des Journées Dentaires du Québec qui auront lieu au Palais des Congrès de Montréal. La clinique sera ouverte mardi, le 10 avril (de 14h00 à 17h00) et mercredi, le 11 avril (de 8h00 à 17h00). Il suffira d'en faire la demande au moment de l'inscription. Si au cours de ce dépistage votre sérum s'avère être positif pour l'anti-HBsAg, il n'est plus indiqué de recevoir le vaccin, étant déjà immunisé. Si le résultat indique la présence d'HBsAg, et que votre santé est bonne par ailleurs, vous êtes probablement un porteur et devez consulter votre médecin afin qu'il puisse évaluer la fonction hépatique et faire vacciner vos proches (conjoint(e) et enfants) qui sont négatifs au test de dépistage (vaccin administré gratuitement par le Département de Santé Communautaire de votre territoire). Enfin, les porteurs de ce virus n'ont pas besoin d'être vaccinés.

#### **Posologie et administration**

Après avoir acheté le vaccin Heptavax-B à votre pharmacie locale qui se le procure auprès de la compagnie Merck Frost Canada Inc., il vous est administré soit à la clinique médicale ou au C.L.S.C. de votre région. La fiole doit être bien agitée avant d'aspirer le vaccin et de l'injecter par voie intramusculaire (ne jamais l'injecter par voie intraveineuse, sous-cutanée ou intradermique). L'immunisation au moyen de l'Heptavax-B comporte 3 doses de 1.0 ml chacune administrées aux temps 0, +1 mois et +6 mois. Ne connaissant pas encore la durée de l'effet protecteur à long terme, il est possible qu'une 4ième dose de vaccin (dose de rappel) s'avère nécessaire pour le maintien des anticorps (anti-HBsAg) à un niveau protecteur. En terminant, il ne me reste plus qu'à vous souhaiter bonne vaccination!

#### **Serge Montplaisir, m.d.**

Chef de laboratoire de séro-immunologie  
Hôpital Sainte-Justine  
Professeur titulaire  
Faculté de Médecine, UM

Il nous fait plaisir de vous informer que la controverse créée de toutes pièces par le C.D.S.P.I., autour de l'assurance responsabilité civile professionnelle, est maintenant chose du passé.

Il est évident que le C.D.S.P.I. ne peut admettre que l'on puisse s'organiser en toute liberté. Cette option ne semble pas être partagée par le président actuel de l'A.D.C., le docteur Robert Hicks, dont nous devons de souligner le sens remar-

quable d'équité et de diplomatie avec lequel il a traité ce dossier, lors de notre rencontre de la fin de semaine dernière.

Cette attitude du C.D.S.P.I. vient du fait que nous leur posons certaines questions embarrassantes. Nous allons continuer à les poser dans l'intérêt de ceux que nous représentons.

**Claude Chicoine, d.d.s.**  
Président

CANADIAN DENTAL ASSOCIATION BRIEF  
TO THE  
HOUSE OF COMMONS STANDING COMMITTEE  
ON  
HEALTH, WELFARE AND SOCIAL AFFAIRS  
RE  
THE CANADA HEALTH ACT  
PRESENTED BY DR. ROBERT HICKS, PRESIDENT  
FEBRUARY 23, 1984

THE CANADIAN DENTAL ASSOCIATION IS THE NATIONAL ASSOCIATION REPRESENTING THE DENTAL PROFESSION ACROSS CANADA. AS HEALTH CARE PROFESSIONALS WE SUPPORT THE STATED COMMITMENT OF THE GOVERNMENT OF CANADA TO THE PRINCIPLE OF UNIVERSAL HEALTH INSURANCE TO ENSURE THAT NECESSARY HOSPITAL AND MEDICAL SERVICES WILL BE ACCESSIBLE TO ALL RESIDENTS OF CANADA. WE RECOGNIZE THE FACT THAT THE GOVERNMENT OF CANADA HAS BEEN MAKING A SUBSTANTIAL CONTRIBUTION TO EACH OF THE PROVINCES TO HELP PAY FOR HEALTH SERVICES. WE UNDERSTAND THAT THE PROPOSED CANADA HEALTH ACT SETS OUT A CONTINUING ROLE FOR THE FEDERAL GOVERNMENT IN THIS REGARD. DESPITE THIS UNDERSTANDING, WE HAVE SOME FUNDAMENTAL CONCERNS ABOUT THE CANADA HEALTH ACT AND PROPOSED REGULATIONS. THE PURPOSE OF THIS BRIEF IS TO BRING THESE CONCERNS TO THE ATTENTION OF THE PARLIAMENTARY COMMITTEE.

FROM THE OUTSET, WE ACKNOWLEDGE THAT OUR BRIEF ADDRESSES BOTH THE CANADA HEALTH ACT AND A SET OF UNOFFICIAL DRAFT REGULATIONS WHICH WE HAVE RECEIVED FROM PROVINCIAL SOURCES. IN OUR VIEW, THE TWO DOCUMENTS ARE EXTREMELY DIFFICULT TO SEPARATE; IT IS THROUGH THE REGULATIONS THAT THE CANADA HEALTH ACT WILL BE IMPLEMENTED.

AS THE ASSOCIATION REPRESENTING THE DENTAL PROFESSION AT THE NATIONAL LEVEL, WE WOULD EXPECT TO HAVE BEEN CONSULTED DURING THE DEVELOPMENT OF SUCH REGULATIONS. WE WERE NOT CONSULTED, AND RESPECTFULLY REQUEST SUCH CONSULTATION PRIOR TO THEIR FURTHER CONSIDERATION. WE BELIEVE THAT THE REGULATIONS ILLUSTRATE SERIOUS PROBLEMS WITH THE CANADA HEALTH ACT AS CURRENTLY CONSTITUTED. THE CANADA HEALTH ACT DEALS WITH ITEMS OF PATIENT CARE BY EXCLUSION. ALL ITEMS OF CARE ARE COVERED EXCEPT THOSE LISTED AS EXCLUDED, WHILE THE REGULATIONS ARE "INCLUSIVE". THE SYSTEM IS CONFUSING AND OPEN TO SIGNIFICANT VARIANCE IN INTERPRETATION. FOR EXAMPLE, IT APPEARS THAT THE REGULATIONS ARE DIRECTLY CONTRARY TO THE ACT IN THAT THE DRAFT REGULATIONS IN SUB-SECTION 22 (A) PROPOSE A LIST OF SURGICAL DENTAL PROCEDURES TO BE INCLUDED.



IN ADDITION, THE DRAFT REGULATIONS INCLUDE ODONTECTOMIES AS AN INSURED SERVICE. ODONTECTOMY IS A TECHNICAL TERM FOR THE EXTRACTION OF TEETH AND THE ADDITION OF THIS PROCEDURE AS AN ELIGIBLE SERVICE WILL ADD MANY MILLIONS OF DOLLARS TO THE COST OF OUR PROVINCIAL HEALTH INSURANCE PROGRAMS. IF THESE ADDITIONAL FUNDS ARE TRULY AVAILABLE, THEY SHOULD NOT BE UTILIZED AS COMPENSATION FOR DENTAL HEALTH NEGLECT. INSTEAD THEY SHOULD BE USED FOR THE EXPANSION OF DENTAL EDUCATION AND PREVENTATIVE SERVICES WHICH HAVE PROVEN TO BE VERY EFFECTIVE OVER A PERIOD OF TIME. THIS WOULD ALSO BE MORE IN KEEPING WITH THE FEDERAL MINISTER'S INTENT THAT THE ACT WILL BE A POSITIVE FORCE IN IMPROVING THE HEALTH STATUS OF CANADIANS.

THE CANADIAN DENTAL ASSOCIATION AND OUR PROVINCIAL ASSOCIATIONS ACROSS CANADA HAVE ALSO FOR MANY YEARS BEEN ENCOURAGING PROVISION OF DENTAL FACILITIES IN ALL NEW HOSPITALS AND THE EXPANSION OF EXISTING FACILITIES IN ORDER THAT IN-HOSPITAL PATIENTS CAN RECEIVE DENTAL TREATMENT. WE BELIEVE WE HAVE DEMONSTRATED NEEDS BUT WE HAVE SEEN LITTLE ACHIEVED. MANY REASONS HAVE BEEN GIVEN, BUT THE LACK OF FUNDING IS THE UNDERLYING DIFFICULTY.

THE DENTAL PROFESSION IS ALSO CONCERNED THAT THE ACT AND THE REGULATIONS ARE AMBIGUOUS WITH REGARD TO THE QUALIFICATION "MEDICAL NECESSITY". WE FEEL THAT THROUGH CHANGES TO THE ACT OR THE REGULATIONS THIS AMBIGUITY SHOULD BE ELIMINATED AND THE QUALIFICATION REGARDING "MEDICAL NECESSITY" BE CLARIFIED.

THERE ARE MANY DENTAL PROCEDURES PERFORMED IN HOSPITAL OUT OF MEDICAL NECESSITY THAT ARE ALSO ROUTINELY PERFORMED IN DENTAL OFFICES. IN OUR VIEW, MEDICAL NECESSITY SHOULD RELATE TO OTHER HEALTH CARE NEEDS OF THE PATIENT AND NOT NECESSARILY TO THE DENTAL PROCEDURE BEING PERFORMED.

AS AN EXAMPLE, WITH PATIENTS WHO ARE OTHERWISE HEALTHY, IT IS THE COMMON PRACTICE TO PERFORM SURGICAL EXTRACTIONS IN PRIVATE OFFICES. HOWEVER, IF THE PATIENT HAS OTHER HEALTH PROBLEMS SUCH AS BRITTLE (UNCONTROLLED) DIABETES OR HEART PROBLEMS, THE PATIENT NEEDS THE SUPPORT SERVICES OF A HOSPITAL ENVIRONMENT FOR ANY TYPE OF ANAESTHETIC, ADMINISTRATION OF DRUGS, OR WHERE THERE IS POTENTIAL FOR THE PATIENT TO BECOME ACUTELY ILL.

THE DENTAL PROFESSION REITERATES A STRONG CONCERN THAT THE REGULATIONS AND THE SPECIFIC SERVICES INCLUDED BE REVIEWED BEFORE FINAL ADOPTION IN CONSULTATION WITH THE PROFESSION.

THERE IS SOME DOUBT AS TO THE INTENDED SCOPE OF INFLUENCE OF THE CANADA HEALTH ACT AS IT PERTAINS TO DENTISTRY. SECTION 2 (INTERPRETATION) STATES: "HEALTH CARE INSURANCE PLAN MEANS, IN RELATION TO A PROVINCE, A PLAN OR PLANS ESTABLISHED BY THE LAW OF THE PROVINCE TO PROVIDE FOR INSURED HEALTH SERVICES." IT IS ASSUMED THAT THE SCOPE OF THE CANADA HEALTH ACT DOES NOT INCLUDE OR EFFECT PROVINCIALLY SPONSORED DENTAL PLANS - BUT THE ACT DOES NOT STATE THIS. AN ACT OF SUCH SCOPE AND IMPORTANCE SHOULD CLEARLY OUTLINE BOTH WHAT IT INCLUDES AND ALSO ANY SPECIFIC EXCLUSIONS. IF THERE ARE NO SPECIFIC EXCLUSIONS, THEN THERE ARE POTENTIAL PROBLEMS THAT MAY LIE AHEAD.

WE ALSO NOTE, WITH CONCERN, THAT THE PUNITIVE PROVISION OF SECTION 18 OF THE ACT HAS POTENTIAL IMPACT ON THE PROVEN CONCEPT OF ECONOMIC INCENTIVE FOR PREVENTATIVE DENTAL CARE. THE DENTAL PROFESSION IS PROUD OF ITS EFFORTS AND SUCCESSES IN THE AREA OF DISEASE PREVENTION. RESEARCH AND EXPERIENCE HAVE CLEARLY SHOWN THAT MOST DENTAL DISEASE CAN BE PREVENTED, AND THE PROFESSION HAS PLACED A GREAT DEAL OF EMPHASIS ON PREVENTION. STATISTICS ILLUSTRATE THE RESULTING SUCCESS; THERE HAS BEEN A DRAMATIC DECREASE IN THE PREVALENCE OF TOOTH DECAY, TOOTH LOSS AND PERIODONTAL (GUM) DISEASE.

THIS COULD NOT HAVE BEEN ACHIEVED, HOWEVER, WITHOUT PUBLIC AWARENESS AND CONTINUING RECOGNITION BY INDIVIDUALS OF RESPONSIBILITY FOR THEIR OWN DENTAL HEALTH. TO FOSTER SUCH RESPONSIBILITY AND AWARENESS, THE PROFESSION HAS CONSISTENTLY RECOMMENDED THAT DENTAL INSURANCE PLANS INCLUDE A "CO-INSURANCE FACTOR" I.E. A PERCENTAGE OF THE COST OF DENTAL TREATMENT SHOULD BE BORNE BY THE PATIENT. WE HAVE ALSO CONSISTENTLY SUPPORTED, ON THE OTHER HAND, THE ESTABLISHMENT OF 100% COVERAGE OF THE COSTS OF THE PREVENTATIVE PORTION OF DENTAL PROGRAMS.

THE "CO-INSURANCE" CONCEPT COULD BE INTERPRETED AS BEING IN VIOLATION OF SECTION 18 OF THE CANADA HEALTH ACT. WE BELIEVE THAT DESPITE THE FEDERAL GOVERNMENT'S CONTENTION THAT EXTRA-BILLING INEVITABLY HAS A NEGATIVE IMPACT ON ACCESS TO HEALTH CARE, THE CO-INSURANCE CONCEPT IN DENTISTRY HAS CONTRIBUTED TO IMPROVED DENTAL HEALTH AND A DECREASED INCIDENCE OF DENTAL DISEASE.

IN SUMMARY, THE CANADIAN DENTAL ASSOCIATION IS CONCERNED THAT THE REGULATIONS TO THE ACT WILL CREATE EXPANSION OF THE ELIGIBLE DENTAL SERVICES BEYOND THEIR PRESENT LEVEL, WILL CREATE INCREASED FINANCIAL RESPONSIBILITIES IN HEALTH CARE PROVISION FOR THE PROVINCES, AND WILL CREATE UNCERTAINTY IN THE INTERPRETATION DUE TO THEIR AMBIGUOUS RELATIONSHIP TO THE ACT.

WITH REGARD TO THE ACT ITSELF, WE ARE CONCERNED THAT PROVISIONS OF SECTION 18 WILL DISALLOW THE POSSIBILITY OF USING "CO-INSURANCE" INCENTIVES IN PLANNING FUTURE PROVINCIAL DENTAL PLANS.

IN THE EVENT THAT FEDERAL FUNDING TO THE PROVINCES FOR HEALTH SERVICES ARE INSUFFICIENT OR IF THE PROVINCES EXPERIENCE FINANCIAL PENALTIES UNDER THE ACT, WE ARE CONCERNED THAT PROVINCES MAY NOT BE ABLE TO AFFORD THEIR EXISTING DENTAL CARE PLANS. WE ARE ALSO CONCERNED THAT THE RIGID CONDITIONS PUT FORWARD IN THE ACT WILL CAUSE THE PROVINCE TO LOSE THE FLEXIBILITY THEY REQUIRE TO MEET THE RESPONSIBILITY FOR THE PROVISION OF HEALTH CARE SERVICES TO THEIR RESIDENTS.

UPON INVITATION, THE CANADIAN DENTAL ASSOCIATION IS PREPARED TO DISCUSS FURTHER THE DRAFT REGULATIONS, THE RELATIONSHIP TO THE CANADA HEALTH ACT, SPECIFIC IMPLICATIONS, AND DESIRABLE CHANGES AS THEY RELATE TO DENTAL CARE. THANK YOU FOR THIS OPPORTUNITY TO PRESENT OUR POINT OF VIEW TO THIS PARLIAMENTARY COMMITTEE.

MÉMOIRE DE L'ASSOCIATION DENTAIRE CANADIENNE  
PRÉSENTÉ AU  
COMITÉ PERMANENT DE LA CHAMBRE DES COMMUNES  
POUR LA SANTÉ, LE BIEN-ÊTRE ET LES AFFAIRES SOCIALES  
AU SUJET DE  
LA LOI SUR LA SANTÉ AU CANADA  
PAR  
LE DR ROBERT HICKS, PRÉSIDENT  
LE 23 FÉVRIER 1984



L'ASSOCIATION DENTAIRE CANADIENNE EST L'ORGANISME NATIONAL QUI REPRÉSENTE LA PROFESSION DENTAIRE AU CANADA. À TITRE DE PROFESSIONNELS DE LA SANTÉ, NOUS DONNONS NOTRE APPUI AU GOUVERNEMENT DU CANADA LORSQU'IL SOUTIENT LE PRINCIPE DE L'ASSURANCE-SANTÉ UNIVERSELLE AFIN D'ASSURER QUE TOUS LES HABITANTS DU CANADA AIENT ACCÈS AUX SERVICES HOSPITALIERS ET MÉDICAUX DONT ILS ONT BESOIN. NOUS RECONNAISSONS QUE LE GOUVERNEMENT DU CANADA A FAIT DES CONTRIBUTIONS SUBSTANTIELLES À CHACUNE DES PROVINCES AFIN DE LES AIDER À DÉFRAYER LES SERVICES DE SANTÉ. NOUS CROYONS QUE LE PROJET DE LA LOI SUR LA SANTÉ AU CANADA INDIQUE QUE LE GOUVERNEMENT FÉDÉRAL ENTEND CONTINUER À JOUER UN RÔLE DANS LE DOMAINE DE LA SANTÉ. TOUTEFOIS, NOUS NOUS POSONS DES QUESTIONS ESSENTIELLES TOUCHANT LA LOI SUR LA SANTÉ AU CANADA ET LES RÈGLEMENTS PROPOSÉS. L'OBJET DE CE MÉMOIRE EST DE SOUMETTRE CES QUESTIONS À L'ATTENTION DU COMITÉ PARLEMENTAIRE.

TOUT D'ABORD, LAISSEZ-NOUS PRÉCISER QUE NOTRE MÉMOIRE TRAITE DE LA LOI SUR LA SANTÉ AU CANADA AINSI QUE D'UNE SÉRIE DE RÈGLEMENTS NON OFFICIELS QUE NOUS AVONS OBTENUS DE SOURCES PROVINCIALES. À NOTRE AVIS, IL EST TRÈS DIFFICILE DE SÉPARER LES DEUX DOCUMENTS. EN EFFET, LA LOI SUR LA SANTÉ AU CANADA SERA MISE EN VIGUEUR PAR L'INTERMÉDIAIRE DES RÈGLEMENTS QUI Y SONT ATTACHÉS.

EN SA QUALITÉ D'ORGANISME QUI REPRÉSENTE LA PROFESSION DENTAIRE SUR LA SCÈNE NATIONALE, L'ASSOCIATION DENTAIRE CANADIENNE SE SERAIT ATTENDUE À ÊTRE CONSULTÉE PENDANT QU'ON ÉLABORAIT CES RÈGLEMENTS. CE NE FUT PAS LE CAS ET L'ADC DEMANDE RESPECTUEUSEMENT QU'ON LA CONSULTE AVANT QU'ON PROCÈDE PLUS AVANT. À NOTRE AVIS, LES RÈGLEMENTS DÉMONTRENT QU'IL Y A DES PROBLÈMES SÉRIEUX TOUCHANT LA LOI SUR LA SANTÉ AU CANADA TELLE QU'ELLE EST PRÉSENTEMENT FORMULÉE. EN EFFET, CELLE-CI TRAITE DES SOINS DE SANTÉ EN PROCÉDANT PAR ÉLIMINATION: TOUS SONT COUVERTS, À L'EXCEPTION DE CEUX QUI SONT EXCLUS.

PAR CONTRE, LES RÈGLEMENTS SONT "INCLUSIFS". TOUT CELA PORTE À CONFUSION ET OUVRE LA VOIE À DIVERSES INTERPRÉTATIONS. PAR EXEMPLE, LES RÈGLEMENTS SEMBLANT CONTREDIRE DIRECTEMENT LA LOI LORSQUE, DANS L'ALINÉA 22 (A), ILS PROPOSENT UNE LISTE DES SERVICES DE CHIRURGIE DENTAIRE QUI POURRAIENT ÊTRE COUVERTS.

EN OUTRE, LA VERSION PRÉLIMINAIRE DES RÈGLEMENTS INCLUT LES ODONTECTOMIES DANS LES SERVICES ASSURÉS. L'ODONTECTOMIE EST UN TERME TECHNIQUE POUR L'EXTRACTION DES DENTS. EN COMPTANT CETTE OPÉRATION PARMIS LES SERVICES ADMISSIBLES, ON AUGMENTERA DE PLUSIEURS MILLIONS DE DOLLARS LE COÛT DE NOS RÉGIMES D'ASSURANCE-SANTÉ PROVINCIAUX. SI LE GOUVERNEMENT DISPOSE VRAIMENT DE FONDS SUPPLÉMENTAIRES, IL NE DEVRAIT PAS LES UTILISER POUR INDEMNISER DES SOINS DENTAIRE RENDUS NÉCESSAIRES PAR LA NÉGLIGENCE DU PATIENT. IL DEVRAIT PLUTÔT LES UTILISER POUR DÉVELOPPER LES SERVICES D'ÉDUCATION ET DE PRÉVENTION DENTAIRE QUI, APRÈS UN CERTAIN TEMPS, SE RÉVÈLENT TRÈS EFFICACES. CETTE MESURE SERVIRAIT MIEUX LES INTENTIONS DU MINISTRE DE LA SANTÉ QUI DÉSIRE QUE LA LOI PROPOSÉE SOIT UN INSTRUMENT DE POIDS POUR AMÉLIORER LA SANTÉ DES CANADIENS.

PENDANT DE NOMBREUSES ANNÉES, L'ASSOCIATION DENTAIRE CANADIENNE ET LES ASSOCIATIONS DENTAIRES PROVINCIALES DU CANADA ONT INCITÉ LES NOUVEAUX HÔPITAUX À AMÉNAGER DES SERVICES DENTAIRES ET LES HÔPITAUX À AGRANDIR LES SERVICES DENTAIRES EXISTANTS, AFIN QUE LES PATIENTS HOSPITALISÉS PUISSENT RECEVOIR DES SOINS DENTAIRES. À NOTRE AVIS, NOUS AVONS SU DÉMONTRER QUE DES BESOINS EXISTENT VRAIMENT ET, POURTANT, LES RÉALISATIONS SONT RESTÉES MODESTES. ON NOUS A DONNÉ PLUSIEURS RAISONS POUR JUSTIFIER CET ÉTAT DE CHOSSES, MAIS LE DÉFAUT DE SUBVENTION DEMEURE CERTES LA PRINCIPALE DIFFICULTÉ.

PAR AILLEURS, LA PROFESSION DENTAIRE S'INQUIÈTE DES AMBIGUITÉS QUE CONTIENNENT LA LOI ET LES RÈGLEMENTS PROPOSÉS TOUCHANT LA "NÉCESSITÉ MÉDICALE." NOUS CROYONS QUE CES AMBIGUITÉS DEVRAIENT ÊTRE ÉLIMINÉES ET QUE L'EXPRESSION "NÉCESSITÉ MÉDICALE" DEMANDE À ÊTRE PRÉCISÉE.

IL Y A DE NOMBREUX SOINS DENTAIRES QUI SONT ADMINISTRÉS DANS DES HÔPITAUX SANS QU'IL Y AIT NÉCESSITÉ MÉDICALE ET CES MÊMES SOINS SONT AUSSI ADMINISTRÉS RÉGULIÈREMENT DANS LES CABINETS DENTAIRES. À NOTRE AVIS, LA NÉCESSITÉ MÉDICALE DOIT AVOIR TRAIT À D'AUTRES SOINS MÉDICAUX ET NON NÉCESSAIREMENT AUX SOINS DENTAIRES.

AINSI, POUR LES PATIENTS QUI AUTREMENT SONT EN EXCELLENTE SANTÉ, L'EXTRACTION DES DENTS SE FAIT ORDINAIREMENT DANS LE CABINET DENTAIRE PRIVÉ. TOUTEFOIS, S'ILS ONT D'AUTRES PROBLÈMES DE SANTÉ COMME LE DIABÈTE LABILE (INSTABLE) OU UNE MALADIE CARDIAQUE, ILS AURONT BESOIN DE SERVICES QUI SE RENDENT À L'HÔPITAL. EN EFFET, IL FAUDRA PEUT-ÊTRE LES ANESTHÉSIER, LEUR DONNER UNE DROGUE QUELCONQUE OU VOIR À CE QUE LEUR MALADIE NE S'AGGRAVE PAS.

LA PROFESSION DENTAIRE S'INQUIÈTE DONC SÉRIEUSEMENT AU SUJET DES RÈGLEMENTS PROPOSÉS ET DES SERVICES PARTICULIERS QUI Y SONT INCLUS. AUSSI DEMANTE-T-ELLE À NOUVEAU QU'ILS SOIENT RÉVISÉS DE CONCERT AVEC ELLE AVANT LEUR ADOPTION DÉCISIVE.

L'ADC ENTRETIENT DES DOUTES QUANT À LA PORTÉE QUE LA LOI SUR LA SANTÉ AU CANADA AURA POUR LA DENTISTERIE. L'ARTICLE 2 (DÉFINITIONS) PRÉCISE QUE PAR RÉGIME D'ASSURANCE-SANTÉ, ON VEUT DÉSIGNER "LE RÉGIME OU LES RÉGIMES CONSTITUÉS PAR LA LOI D'UNE PROVINCE EN VUE DE LA PRESTATION DE SERVICES DE SANTÉ ASSURÉS". ON PRÉSUME QUE LA LOI SUR LA SANTÉ AU CANADA N'ENGLOBE PAS LES RÉGIMES D'ASSURANCE DENTAIRE PARRAINÉS PAR LES PROVINCES NI NE LES TOUCHE, MAIS ELLE NE PRÉCISE PAS CE POINT. OR, UNE LOI D'UNE TELLE PORTÉE ET D'UNE TELLE IMPORTANCE DEVRAIT PRÉCISER CLAIREMENT TANT CE QU'ELLE INCLUT QUE CE QU'ELLE EXCLUT. S'IL N'Y A PAS D'EXCLUSIONS PRÉCISES, ON POURRA PRÉVOIR DE GRAVES PROBLÈMES POUR L'AVENIR.

NOUS REMARQUONS ÉGALEMENT AVEC INQUIÉTUDE QUE LA MESURE PUNITIVE DE L'ARTICLE 18 DE LA LOI POURRA AVOIR DES CONSÉQUENCES TOUCHANT LE FAIT QUE LA PRÉVENTION DENTAIRE EST PROFITABLE ÉCONOMIQUEMENT. LA PROFESSION DENTAIRE EST FIÈRE DE SES EFFORTS ET DE SES SUCCÈS DANS LE DOMAINE DE LA PRÉVENTION DES MALADIES. LES RECHERCHES ET LES FAITS ONT CLAIREMENT DÉMONTRÉ QUE LES MALADIES DENTAIRES PEUVENT ÊTRE ÉVITÉES ET C'EST POURQUOI LA PROFESSION DENTAIRE A BEAUCOUP INSISTÉ SUR LA PRÉVENTION. LES STATISTIQUES DÉMONTRENT LES SUCCÈS OBTENUS: LA PRÉVALENCE DES CARIES, LES PERTES DE DENTS ET LES MALADIES GINGIVALES ONT DIMINUÉ DE FAÇON SPECTACULAIRE.

TOUTEFOIS, CES RÉSULTATS N'AURAIENT PAS ÉTÉ ATTEINTS SI LE PUBLIC N'AVAIT PAS ÉTÉ SENSIBILISÉ AUX PROBLÈMES DENTAIRES ET SI CHACUN N'ASSUMAIT PAS CONSTAMMENT SES RESPONSABILITÉS POUR CONSERVER DES DENTS SAINES. POUR MIEUX SENSIBILISER LE PUBLIC, LA PROFESSION A TOUJOURS RECOMMANDÉ QUE TOUS LES RÉGIMES D'ASSURANCE, ADOPTENT "LE PRINCIPE DE LA COASSURANCE", LEQUEL DEMANDE QUE LE PATIENT ASSUME UN POURCENTAGE DU COÛT DES SOINS DENTAIRES. PAR CONTRE, LA PROFESSION A TOUJOURS DEMANDÉ QUE LES COÛTS DES PROGRAMMES DE PRÉVENTION SOIENT ENTIÈREMENT COUVERTS.



LE PRINCIPE DE LA "COASSURANCE" POURRA ÊTRE INTERPRÉTÉ COMME UNE VIOLATION DE L'ARTICLE 18 DE LA LOI SUR LA SANTÉ AU CANADA. BIEN QUE LE GOUVERNEMENT FÉDÉRAL AFFIRME QUE LA SURFACTURATION ENTRAÎNE INÉVITABLEMENT DES CONSÉQUENCES NÉGATIVES POUR L'ACCÈS AUX SOINS DE SANTÉ, NOUS CROYONS QUE LE PRINCIPE DE LA COASSURANCE A, EN DENTISTERIE, CONTRIBUÉ À AMÉLIORER LA SANTÉ DENTAIRE ET À RÉDUIRE L'INCIDENCE DES MALADIES.

EN RÉSUMÉ, L'ASSOCIATION DENTAIRE CANADIENNE SE DEMANDE SI LES RÈGLEMENTS DE LA LOI PROPOSÉE N'AUGMENTERONT PAS DAVANTAGE LE NOMBRE DES SERVICES ASSURÉS, S'ILS N'ALOURDIRONT PAS LES RESPONSABILITÉS FINANCIÈRES DES PROVINCES POUR LA PRESTATION DES SOINS DE SANTÉ ET S'ILS NE CRÉERONT PAS UNE INCERTITUDE TOUCHANT LEUR INTERPRÉTATION À CAUSE DES AMBIGUITÉS QU'ILS CONTIENNENT EN RAPPORT AVEC LA LOI.

QUANT À LA LOI MÊME, L'ADC SE DEMANDE SI LES DISPOSITIONS DE L'ARTICLE 18 NE RENDRONT PAS IMPOSSIBLE L'APPLICATION, DANS LA PLANIFICATION DES RÉGIMES D'ASSURANCE DENTAIRE PROVINCIAUX, DU PRINCIPE DE LA "COASSURANCE" COMME MOYEN D'ENCOURAGEMENT.

SI LES SUBVENTIONS FÉDÉRALES OCTROYÉES AUX PROVINCES POUR LES SOINS DE SANTÉ SONT INSUFFISANTES OU QUE LES PROVINCES SONT PÉNALISÉES FINANCIÈREMENT EN VERTU DE LA NOUVELLE LOI, NOUS CRAIGNONS QUE CELLES-CI NE PUISSENT PLUS ÊTRE EN MESURE DE MAINTENIR LEURS RÉGIMES D'ASSURANCE DENTAIRE ACTUELS. NOUS CRAIGNONS AUSSI QU'À CAUSE DES RIGOREUSES CONDITIONS IMPOSÉES PAR LA LOI, LES PROVINCES PERDRONT LA LIBERTÉ DONT ELLES ONT BESOIN POUR ASSUMER LEUR RESPONSABILITÉ TOUCHANT LES SOINS DE SANTÉ QU'ELLES OFFRENT À LEURS HABITANTS.

SUR INVITATION, L'ASSOCIATION DENTAIRE CANADIENNE SE FERA UN PLAISIR DE DISCUTER PLUS AMPLEMENT LA VERSION PRÉLIMINAIRE DES RÈGLEMENTS, LEUR RAPPORT AVEC LA LOI SUR LA SANTÉ AU CANADA, CERTAINES CONSÉQUENCES PARTICULIÈRES ET LES MODIFICATIONS SOUHAITÉES QUANT AUX SOINS DENTAIRES. MERCI DE NOUS AVOIR PERMIS D'EXPRIMER NOTRE POINT DE VUE DEVANT CE COMITÉ PARLEMENTAIRE.



CANADIAN DENTAL ASSOCIATION / L'ASSOCIATION DENTAIRE CANADIENNE

1815 ALTA VISTA DRIVE, OTTAWA, ONTARIO, CANADA K1G 3Y6

TELEPHONE (613) 523-1770

March 7, 1984.

The Standing Committee on Health,  
Welfare and Social Affairs,  
House of Commons,  
Ottawa, Canada  
K1A 0A6

Attention: Ms. Maija Adamsons  
Clerk of the Committee

Dear Sirs:

Re: Dental Perspective on Canada Health Act

The Canadian Dental Association appreciates the opportunity to comment on the Canada Health Act and to provide, as requested, a suggested rewording of the definition under Section 2 of "surgical-dental services".

Our presentation to the Standing Committee on Health, Welfare and Social Affairs re the Canada Health Act had two main goals:

1. To advocate that the Canada Health Act continue insurance coverage for those surgical-dental procedures currently covered.
2. To advise that the definition of regulations pursuant to the Canada Health Act had the potential to create unanticipated costs and impair provincial flexibility to tailor programs to distinct provincial needs.

If Section 22 of the Canada Health Act is removed, the second concern is satisfactorily answered. If in addition (as we understand might be considered) the word "eligible" is removed from the definition of "eligible surgical-dental procedures" in Section 2, we are convinced that the first goal will not be met.

We prefer the following definition under Section 2:

"Eligible surgical dental services" means any surgical dental procedures which must be performed in a hospital by a dentist, for the proper performance of the procedure."

If the word "eligible" is removed from either the original definition or the above definition, we feel that it would be necessary to add a specific reference to existing insured dental programs to preserve "status quo" insurance coverage with the enactment of the Canada Health Act. For example:

"Surgical dental services" means, for each province, all those surgical dental procedures which must be performed in a hospital, by a dentist, for the proper performance of the procedure, and which have been specifically identified (in Federal-provincial legislation and regulations) as jointly-funded Federal-provincial insured services in that province.

We trust that these suggestions are helpful and may contribute to the attainment of the two goals we perceive to be shared by the Committee.

Yours sincerely,

BH:dh

Robert N. Hicks, D.D.S., M.S.  
President.



CANADIAN DENTAL ASSOCIATION / L'ASSOCIATION DENTAIRE CANADIENNE

1815 ALTA VISTA DRIVE, OTTAWA, ONTARIO, CANADA K1G 3Y6  
TELEPHONE (613) 523-1770

March 7, 1984.

Ms. Anne-Marie Aubry,  
Special Assistant to  
Hon. Monique Begin,  
House of Commons,  
Ottawa, Ontario.

Dear Ms. Aubry:

Enclosed is a copy of a letter from the President of the Canadian Dental Association, Dr. R.N. Hicks, to the House of Commons Standing Committee on Health, Welfare and Social Affairs. I have also enclosed for information, a copy of a letter to Hon. Claude André LaChance.

Thank you for your courtesy and co-operation in expediting our presentations re the Canada Health Act and the achievement of revisions which will preserve status quo coverage of dental care without introducing unanticipated costs or undesired impact on other provincially-sponsored denticare programs.

Yours sincerely,

BH:dh

Brian Henderson,  
Director of Accreditation.

Encl.



CANADIAN DENTAL ASSOCIATION / L'ASSOCIATION DENTAIRE CANADIENNE

1815 ALTA VISTA DRIVE, OTTAWA, ONTARIO, CANADA K1G 3Y6  
TELEPHONE (613) 523-1770

1e 7 mars 1984

Honorable Claude André Lachance  
Pièce 255 ouest  
Chambre des communes du Canada  
Ottawa, Ontario

Cher Monsieur Lachance,

Le Dr R.N. Hicks, président de l'Association dentaire canadienne, m'a demandé de vous remercier de votre réponse positive suite à la présentation du mémoire de l'Association.

La copie ci-jointe a été envoyée au comité et contient nos suggestions concernant la définition "services de chirurgie dentaire admissibles ... éligibles".

Encore une fois, je vous remercie de l'attention que vous avez portée à ce sujet très important.

Hubert Drouin  
le Directeur général

HD/sd

p.j.

## NOTES on

CDHA Presentation to FEDERAL/PROVINCIAL Advisory Committee on  
HEALTH MANPOWER:

The presentation drew heavily on the executive summary and made no new points, although the points in the summary were amplified.

Basically, they are underlining the potential of the dental hygienist to serve public health needs (related to an aging population) in an economic fashion. To accomplish this end, they suggest a need for re-definition of "supervision" by the dentist. This in turn has implications for accreditation and/or certification - a consistent national standard is advocated and changes in legislation in each province are sought to:

- (a) give hygienists portability and
- (b) to give them a voice in licensure of hygienists  
(and more independence).

They also suggest that there are dental needs not being met (their figure of 49% of the population was questioned by committee members). Their suggestion that they had a role in meeting these needs led to further questions about funding implications. They argued in support of "Denticare" as an answer and at least one committee member was skeptical about "creating a need".

The question arose about discussions between CDA and CDHA. It was acknowledged that they could not speak for CDA.

## Conclusion:

Just what will be accomplished by this presentation is hard to say. The chairman, from Nova Scotia, appeared sympathetic and indicated that Dental legislation in his province was under review.

The only potential action is through such provincial channels; the members of this manpower committee can influence provincial ministries to some extent. Those attending were generally secondary officials well below deputy-minister level in each province. They tend to be provincial civil servants from ministries of education and/or health with an interest in provincial quotas for educational programs, projections for future program needs etc. however.



## NOTES on

CDHA presentation to FEDERAL/PROVINCIAL Advisory Committee on  
HEALTH MANPOWER

for CDA: Dr. Crawford, B.J. Henderson

- (a) Presentation by Linda Berry, past president
- (b) Working groups on the practice of Dental Hygiene (Marnie Forgay)
- (c) Views of a Dental Hygiene Educator (Marnie Forgay)

Background: National portability of Hygienists is a basic problem

CDHA analysis of current situation re portability is  
valuable.

Conclusion to encourage complete accreditation is on  
track.

National exam requires provincial co-operation to agree  
on scope of duties.

The question of clinical exams in each province then  
raises further questions of value of accreditation.  
(Accreditation normally carries a clinical assessment  
advantage - to a degree.)

Letter from Dr. R.D. Wenn is a good common-sense analysis  
of 3 essential steps.

1. 10 provinces agree on duties
2. All schools to be accredited
3. National exam

The Study: "Assessing Manpower Demand and Desired Skills" - is a  
reference for the CDHA brief.

Conclusions 1.6 and 1.7 of the Study's executive summary  
can be challenged.

There is an assumption that because employers would like  
additional administrative/communications ability in  
graduates, they are favouring baccalaureate HYGIENE grads.

They could be favouring

- (a) diploma grads with supplementary training in these  
areas (see p.29)

or favouring

- (b) Hygiene Diploma grads with BA's in other disciplines.

Mar. 1984

## COUNCIL ON CONSTITUTION & BY-LAWS

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### REPORT TO THE 1984 INTERIM BOARD OF GOVERNORS

Members: Dr. G. H. Peacock, Saskatchewan, Chairman  
Dr. G. Anthony, Newfoundland  
Dr. B. Jackson, Ontario  
Dr. M. J. R. Leitch, British Columbia  
Dr. D. L. Thompson, Executive Liaison

#### 1. Council Meeting

Since the 1983 Annual Board of Governors meeting, Council met once, that being on January 20, 1984.

#### 2. Items Requiring Board Action

Several items were referred back to Council for further consideration as follows:

#### 3. a) Article V, Section 7 - Student Members

Resolution 83.25 - September, 1983 Wording was amended to comply with the request that this section include those pursuing a full-time academic year or more.

RESOLVED:

84.15 *THAT Article V, Section 7 - Student Members  
be amended as appended.*

APPENDIX I

ADOPTED

#### 3. b) Article XXI, Section I - Conflict of Interest

At the direction of the Board of Governors, September, 1983, Council reviewed the current statement and considered a previous recommendation submitted by the Ontario Dental Association for an addition to this section.

The Conflict of Interest statement was carefully considered and subsequently amended.

Items Requiring Board Action - continued

## 4. RESOLVED:

84.16 *THAT Article XXI, Section I - Conflict of Interest statement be amended as appended.*

APPENDIX II

5

ADOPTED

6. It was noted that declarations of any possible conflicts of interest are not mandatory in all of the provincial associations and that because of this lack of action, governors are not always required to declare a conflict. It was suggested that, at the time corporate members are asked to name their governors for each Board meeting, a reminder of this requirement, in accordance with the CDA by-laws, be included in the credentials card.

Items for Information - Not Requiring Board Action7. Article XIV - Meetings of Voting Members

At the September, 1983 Board of Governors meeting, some of the Corporate Members requested that the CDA By-laws be reviewed by the Department of Consumer and Corporate Affairs with respect to compliance, and particularly Article XIV - Meetings of Voting Members.

8. The CDA By-laws, as amended to September, 1983 were reviewed and a copy of the Ministerial approval from the Deputy Director, Enforcement and Investigation Division is appended.

APPENDIX III

9. Council considered Article XIV with attention to suggested amendments submitted by the Ontario Dental Association in 1983, covering Section 6 - Votes, and Section 8 - Quorum and suggests that the existing By-law serves the members well. Members reaffirmed that the voting members are the corporate members by law, and feel that the present structure of voting members therefore satisfies the needs of the members.

Respectfully submitted

G.H. Peacock, Chairman  
Council on Constitution  
& By-laws

ADOPTION OF REPORT

*The Board of Governors accepts the Report of the Council on Constitution & By-laws with appreciation.*

ARTICLE V, Section 7 - Student Member

Any undergraduate student in an accredited dental school in Canada who has been recommended for membership by the council on Student Affairs, or, any graduate dentist otherwise eligible for an Active or Affiliate membership who has enrolled in a full academic year or more of advance study in a university or in a hospital program approved by the Association, shall be granted Student Member classification upon payment of the appropriate fee. All new graduates who have been student members in good standing of the Canadian Dental Association for the prescribed period shall be granted the status of an Active Member of the Canadian Dental Association from the date of graduation until December 31st of the year of graduation.

CURRENT - September, 1983

Any undergraduate student in an accredited dental school in Canada who has been recommended for membership by the Council on Student Affairs, or any graduate dentist otherwise eligible for an Active or Affiliate membership who has gone directly from an undergraduate program to a full academic year or more of advanced study in a university or in a hospital program approved by the Association, shall be granted Student Membership classification upon payment of the appropriate fee. All new graduates who have been student members in good standing of the Canadian Dental Association for the prescribed period shall be granted the status of an Active Member of the Canadian Dental Association from the date of graduation until December 31st of the year of graduation.

CURRENT ARTICLE XXI, Section I - Conflict of Interest

- a) Every member of the Board of Governors of the Association who has directly or indirectly any interest in any contract or transaction to which the Association is or is to be a party, shall declare his material interest in such a contract or transaction at a meeting of the Board of Governors at which the contract or transaction is first considered. He then will absent himself from discussion and voting on such contract or transaction.
- b) If a Governor has made a declaration in compliance with the above provisions and he has not voted in respect of the contract or transaction, and if he has acted honestly and in good faith, he is not accountable to the Association for any profit or gain realized and the contract or transaction is not voided.
- c) The above provisions apply automatically to the members of the various Committees and Councils of the Association. Each Board and/or Council or Committee member in order to make sufficient disclosure, is required to do so not only to his Council, etc. members but also to the Board of Governors in writing.
- d) All nominees for election or appointment to Councils or Committees of the Association shall declare on the nomination form, all possible potential conflicts of interest. These shall be made known to the Board prior to the election.
- e) No otherwise qualified member of the Board of Governors shall be nominated or eligible for election to the Executive Council or shall continue to be a member of the Executive Council if he becomes interested or involved directly or indirectly in any business or undertaking which provides dental supplies or services of any kind to the dental profession.

(continued)

Current Conflict of Interest Statement - continued...page 2

- f) That, of itself, being a Trustee of the CDA administered insurance and investment plans and/or of itself being a representative of the CDA to the Board of Canadian Dental Service Plans Incorporated shall not constitute a potential conflict of interest for a current member or a candidate for election to the Executive Council of the CDA.
- g) That no otherwise qualified member of councils of the Association shall continue to be a member if he becomes interested in or involved, directly or indirectly, in any business or undertaking which provides dental supplies or services of any kind to the dental profession.
- h) The Board shall be the final authority on any disputed conflict of interest.



Consommation  
et Corporations Canada

Consumer and  
Corporate Affairs Canada

Corporations

Corporations

APPENDIX III

Phase II, 4th Floor  
Place du Portage  
Hull, Québec.  
K1A 0C9

Votre référence Your file

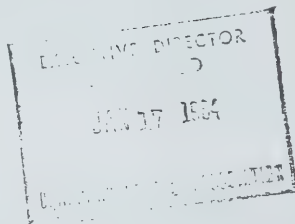
Notre référence Our file

January 17, 1983

34589-0

L'Association Dentaire Canadienne  
1815 Promenade Alta Vista  
Ottawa, Ontario.  
K1G 3Y6

Attention: Hubert E. Drouin  
Director



Dear Sir:

Re: By-law Amendments  
CANADIAN DENTAL ASSOCIATION  
L'ASSOCIATION DENTAIRE CANADIENNE

This will acknowledge receipt of the amended by-laws of the above-mentioned Association duly sanctioned by the members.

The amended by-laws have received Ministerial approval as of January 13, 1984.

Yours sincerely,

Cristina Bonnardeaux  
Deputy Director  
Enforcement & Investigation  
Division.

GKJ/1st

Canada



## HEALTH CARE

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### REPORT OF THE COUNCIL ON HEALTH CARE TO THE 1984 INTERIM BOARD OF GOVERNORS MEETING

Members: Dr. H. Horsman, Riverview, N.B., Chairman  
Dr. A.D. Crocker, P.E.I.  
Dr. E.K. Fukushima, B.C.  
Dr. K.I. Hamilton, Saskatchewan  
Dr. G. McFarlane, Newfoundland  
Dr. C.T. McNichol, Alberta  
L-Col. P.R. McQueen, CFDS, Ottawa, Ontario  
Dr. R.B. Porter, Nova Scotia  
Dr. R.C. Rooney, New Brunswick  
Dr. D.G. Sage, Ontario  
Dr. K.R. Skinner, Manitoba  
Dr. A. Toeman, Quebec

Mr. H. Drouin, CDA, Executive Director  
Mrs. Peggy Larder, CDHA, Halifax, N.S.  
Ms. Suzanne Mader, President, CDAA, Halifax, N.S.  
Dr. Donald Ross, Senior Consultant, Dentistry  
Health & Welfare  
Dr. J.C. Tsafaroff, DVA, Toronto, Ontario  
Mrs. Carol Worobey, CDHA, Ottawa, Ontario

Executive Dr. P.R. Crawford, acting for  
Liaison: Dr. T. Ramage, Vancouver, B.C.

#### 1. Council Meeting

Since the Annual Board of Governors Meeting September 1983 the Council on Health Care has met once on November 10-11, 1983.

#### Matters Requiring Board Action

#### 2. Uniform System of Codes & List of Services

Dr. McNichol presented a lengthy report on requests received for procedure codes and presented his recommendations for Council consideration.

A general discussion of actions taken and proposed solutions ensued. Council approved the additions as presented by Dr. McNichol with the exception of a request from Manitoba for additional procedure numbers to cover units of periodontal scaling which was referred back for clarification.

## HEALTH CARE

### 2. Uniform System of Codes & Lists of Services - continued

In conclusion, the following recommendations for the introduction of procedure numbers and changes are made in compliance with requests received:

#### RESOLVED:

84.17 *THAT the following procedure numbers be adopted"*

1. 21501 - Amalgam restoring 1 cusp
- 21502 - Amalgam restoring 2 cusps
- 21503 - Amalgam restoring 3 cusps
- 21504 - Amalgam restoring 4 cusps

DEFEATED

#### RESOLVED:

84.18 *THAT the Council on Health Care conduct a full review of the policy on recommending procedure numbers for inclusion in the Canadian Uniform System of Codes and Lists of Services and report their recommendations to the September meeting of the Board of Governors.*

ADOPTED

84.19 *THAT the following procedure numbers be adopted"*

2. 21601 - Custom appliance for home application of topical fluoride - one arch
- 21602 - Custom appliance for home application of topical fluoride - two arches

ADOPTED

3. 51900 - Complete maxillary overdenture
- 51910 - Complete mandibular overdenture
- 52900 - Partial maxillary overdenture
- 52910 - Partial mandibular overdenture

ADOPTED

## HEALTH CARE

RESOLVED:

- 84.20                4. THAT numbers 06000 - Trans-Cutaneous Electro-Neural  
Stimulations (myomonitor)  
06200 - Kinesographic Analysis  
06270 - Kinesographic Recording  
under item 4 be referred back to Council for more  
information.

ADOPTED

RESOLVED:

- 84.21            THAT number 58450 - Mandibular Repositional -  
Removable  
under item 4 be referred back to Council for  
more information.

ADOPTED

RESOLVED:

- 84.22 THAT item 5 Revised Acrylic or Composite Restorations numbers be referred back to Health Care Council for further information.

ADOPTED

RESOLVED:

- 84.23            *THAT the following procedure number be adopted:*  
                   *99 to be used to designate supernumerary teeth.*

ADOPTED

Uniform System of Codes & Lists of Services

Recommendation No. 5

ACRYLIC OR COMPOSITE RESTORATIONS

23000

COMPOSITE

COMPOSITE  
(Acid Etch)

| <u>AUTO POLYMERIZATION</u> |                           | <u>LIGHT POLYMERIZATION</u> |                           | <u>AUTO POLYMERIZATION</u> |                           | <u>LIGHT POLYMERIZATION</u> |                           |
|----------------------------|---------------------------|-----------------------------|---------------------------|----------------------------|---------------------------|-----------------------------|---------------------------|
| <u>ANTERIOR</u><br>23100   | <u>POSTERIOR</u><br>23110 | <u>ANTERIOR</u><br>23200    | <u>POSTERIOR</u><br>23210 | <u>ANTERIOR</u><br>23300   | <u>POSTERIOR</u><br>23310 | <u>ANTERIOR</u><br>23400    | <u>POSTERIOR</u><br>23410 |
| <u>SURFACES</u>            |                           | <u>SURFACES</u>             |                           | <u>SURFACES</u>            |                           | <u>SURFACES</u>             |                           |
| 1 - 23101                  | 1 - 23111                 | 1 - 23201                   | 1 - 23211                 | 1 - 23301                  | 1 - 23311                 | 1 - 23401                   | 1 - 23411                 |
| 2 - 23102                  | 2 - 23112                 | 2 - 23202                   | 2 - 23212                 | 2 - 23302                  | 2 - 23312                 | 2 - 23402                   | 2 - 23412                 |
| 3 - 23103                  | 3 - 23113                 | 3 - 23203                   | 3 - 23213                 | 3 - 23303                  | 3 - 23313                 | 3 - 23403                   | 3 - 23413                 |
| 4 - 23104                  | 4 - 23114                 | 4 - 23204                   | 4 - 23214                 | 4 - 23304                  | 4 - 23314                 | 4 - 23404                   | 4 - 23414                 |
| 5 - 23105                  | 5 - 23119                 | 5 - 23205                   | 5 - 23215                 | 5 - 23305                  | 5 - 23315                 | 5 - 23405                   | 5 - 23415                 |
| Cusps-23120                |                           | Cusps-23216                 |                           | Cusps-23316                |                           | Cusps-23416                 |                           |

## HEALTH CARE

### Matters for Information Not Requiring Board Action

#### 3. Assignment

In response to a request from Executive Council, Health Care Council asked Dr. David Sage - Chairman of the Subcommittee on Dental Programs and Services, to prepare a status report giving the pros and cons of assignment and recommendation, for Executive Council's consideration at their February 1984 meeting.

#### 4. Occupational Health Hazards

Lt. Col. McQueen in co-operation with Dr. J. Eisner are exploring the possibility of a Symposium on Occupational Health Hazards, with a final publication to be made available to all members and also for student reference.

#### 5. Subcommittee for the Study of Fee for Service Practice

Dr. Fukushima reviewed the reasons for the program and some general background on the mandate to present Canadian dentists with more comprehensive information. It is the intention of the Committee to present a new proposal for consideration and a meeting with Dr. Stamm of McGill University is expected to take place shortly. It is hoped the added expertise will assist the completion of their task. A further progress report will be made at the next meeting.

#### 6. Second Canadian Conference on Aging

Dr. Crawford reviewed his report on the conference as presented. It was a well organized conference and the Minister has promised a similar conference every five years.

APPENDIX I

It was noted with concern that dentistry was not an issue in fact very little mention was made of dentistry throughout the conference. Therefore it was suggested that a letter should be sent to the Minister suggesting the oversight.

## HEALTH CARE

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### 6. Second Canadian Conference on Aging - continued

#### Council recommends:

THAT this report along with any others be passed to the Executive Council along with a recommendation that the observation in the final paragraph be brought to the attention of the Minister of Health so that it may be corrected in future conferences.

Respectfully submitted

H.W. Horsman,  
Chairman,  
Council on Health Care

#### ADOPTION OF REPORT

*The Board of Governors receives the report of the Council on Health Care with appreciation.*

## THE SECOND CANADIAN CONFERENCE ON AGING

held in the  
Conference Centre, Ottawa, Ont.  
October 24-27, 1983

The Second Canadian Conference on Aging was called at the request of the Minister of National Health & Welfare, Monique Begin. It was called the Second Conference because it follows a 1966 conference and also the World Assembly on Aging held in Vienna in 1982. A good deal of the credit must be given to the organization of the whole conference by the government personnel. From registration on Monday afternoon to the final panel reports on Thursday morning everything ran like clockwork.

The Minister of Health who chaired the plenary sessions left no doubt that she personally was concerned with the plight of the senior citizens. The demographics are revealing - the over 65 age group in 1983 comprised about 8 or 9% of Canadian society - some 2½ million people. By the year 2003 this will be 15% of the total Canadian population or 5 million people.

Three hundred delegates attended from all 10 provinces and territories; 200 represented government agencies and 100 non-government. Almost 2/3 of the delegates were senior citizens themselves. Dentistry had one delegate only.

Following the opening plenary session on Monday evening where reports were given by people who were at the Vienna assembly on aging last summer. The next two days were devoted to nine work groups with each group headed by a chairperson, a rapporteur and a government resource person. Each group had 20-30 persons and the nine topics covered almost every aspect of aging. Items such as health protection, prevention, housing, transportation, research, pensions and income, retirement planning, creative recreation and crime and abuse were approached systematically. The objective was to develop issues, determine goals, and assess how the goals might be achieved. The final morning on Thursday, saw the reports of the nine groups summed up by an expert.

Dentistry played a very minor role throughout the conference; it didn't even seem to be an issue and only ever so briefly was it even mentioned in three of the work groups. Perhaps there is a message in this; perhaps dental needs are not as bad as we would be led to believe or perhaps its priorities are not as serious in the senior citizen's mind as housing, income, pensions, etc.

Respectfully submitted,

Dr. P. Ralph Crawford.

November 7, 1983.



## COUNCIL ON HOSPITAL SERVICES

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### REPORT OF THE CDA COUNCIL ON HOSPITAL SERVICES TO THE 1984 INTERIM MEETING OF THE BOARD OF GOVERNORS

Council Members: Dr. J.H. Gryfe, Weston, Chairman  
Dr. C.F. Foster, Winnipeg  
Dr. J. Hardie, Ottawa  
Dr. L. Trudel, Sherbrooke  
Dr. W.S. Walter, Vancouver  
Dr. E.L. MacInnes, Halifax  
Executive Liaison: Dr. B.W. Holmes, Kenora

#### 1. Council Meetings

One meeting of the Council has been held since the 1983 Board of Governors Meeting, on January 20th and 21st, 1984. All members of the Council were present with the exception of Dr. E.L. MacInnes who was attending a conference in San Diego. The Executive Liaison Representative and the Director of Accreditation were also present. Additionally, the Chairman of the Council on Constitution and By-laws, Dr. G.H. Peacock was in attendance for part of our deliberations.

#### 2. Items of Business for Board Action:

##### (1) Proposed Workshop

The projected restructuring of the accreditation and survey procedures pertaining to hospital dental services and internships has made the Board's approval of an instructional workshop in 1984 (83.50) difficult to carry forward. The Council feels that a more appropriate time would be in conjunction with the CDA Convention in Ottawa in 1985.

#### RESOLVED:

- 84.24 *THAT a Workshop on Accreditation be postponed until the 1985 CDA Convention and that the Workshop be co-sponsored with the Council on Education. If this is unacceptable to the Council on Education the Council on Hospital Services will sponsor the Workshop on its own at an estimated budget of \$8,000.*

ADOPTED

## COUNCIL ON HOSPITAL SERVICES

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### (2) Long Term Care Institutions

The Council has taken the Board's concerns regarding the previously submitted document "Oral Care for Chronic Care Patients" under advisement. The Council has changed the title of the document from "Policy Statement" to "Resource Document" and divided it into 2 parts. Attached as Appendix I is the new Part I of this document. The remaining aspects of the original will be used to develop guidelines for oral care of the chronic care patient for future submission to the Board. Council recommends for Board approval.

#### RESOLVED:

- 84.25      *THAT pages 1 and 2 of the revised resource document "Oral Care for Chronic Care Patients" be accepted and the remaining aspects of the original document be used to develop guidelines for the oral care of chronic care patients.*      APPENDIX I

#### ADOPTED

### (3) Guidelines for Sterilization

#### APPENDIX II

This document has been further reviewed and revised by Council, and its completed form is attached as Appendix II.

#### RESOLVED:

- 84.26      *THAT the revised Guidelines for Sterilization Procedures in Hospitals be approved.*

#### ADOPTED

### (4) Membership on the Canadian Standards Association

Council feels that Dr. Walter Sussel, who has been the previous CDA representative to the CSA Subcommittee on Steam Sterilization in Hospitals, should continue in that role, because of his expertise.

## COUNCIL ON HOSPITAL SERVICES

---

### (4) Membership on the Canadian Standards Association - continued

#### RESOLVED:

- 84.27 *THAT Dr. Walter Sussel be appointed a Consultant to the Canadian Standards Association sub-committee on Sterilization in Hospitals and that he report directly to the Council on Hospital Services.*

*THAT Dr. Sussel's expenses be funded for a maximum of four meetings of the sub-committee for the calendar year 1984.*

ADOPTED

### (5) Membership in the Canadian Council on Hospital Accreditation

Council feels that CDA representation on CCHA is paramount to achieve proper status for dental services in both acute, and non acute health institutions in Canada.

#### RESOLVED:

- 84.28 *Council on Hospital Services recommends to Executive Council that CDA, through the Council on Hospital Services explore the feasibility of reapplying for membership in the Canadian Council on Hospital Accreditation.*

ADOPTED

### 3. Items for Information:

- (1) The Council, through its Chairman, has, in conjunction with the Director of Accreditation and the Chairman of Constitution and By-laws, reviewed the New Canada Health Act and the "Proposals for Regulations" to that act. We feel that the Board should be aware of the impact this legislation will have on dentistry, both immediately after its implementation and as a long term influence on dental health care and maintenance in the future.
- (2) Sunnybrook Medical Centre has been granted an extension of their present accreditation status for the internship until the end of 1984, at which time, present construction will have been completed.

## COUNCIL ON HOSPITAL SERVICES

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### 3. Items for Information - continued

- (3) Council Approved the following Dental Service and/or Internship/Residency programs:

|                                                   |                                                                  |
|---------------------------------------------------|------------------------------------------------------------------|
| Montreal Children's Hospital<br>Montreal          | Dental Service and Residency                                     |
| Doctors Hospital<br>Toronto                       | Dental Service (Restricted to<br>Oral and Maxillofacial Surgery) |
| Toronto Western Hospital<br>Toronto               | Dental Service and Internship                                    |
| St. Michael's Hospital<br>Toronto                 | Dental Service                                                   |
| Children's Hospital of Eastern<br>Ontario, Ottawa | Dental Service                                                   |
| Hospital for Sick Children,<br>Toronto            | Dental Service and Internship                                    |
| Vancouver Children's Hospital<br>Vancouver        | Dental Service                                                   |
| Ottawa Civic Hospital<br>Ottawa                   | Dental Service                                                   |
| Winnipeg Health Sciences Centre<br>Winnipeg       | Internship                                                       |

- (4) The survey program for 1984 is well underway and the Council is including on its teams new members, with appropriate expertise, who will give the Association a broader base to draw from in future years.

4. The Council wishes to acknowledge, with pleasure, the on-going efforts afforded to it by the Co-ordinator of Accreditation, Mrs. Thora Appelt.

Respectfully submitted,

John H. Gryfe, Chairman  
Council on Hospital Services

### ADOPTION OF REPORT

*The Board of Governors receives the report of the Council on Hospital Services with appreciation.*

ORAL CARE OF CHRONIC CARE PATIENTS  
PROPOSED RESOURCE DOCUMENT

PREAMBLE

Oral care for chronic care patients should be recognized as a need for providing their total health care.

The Canadian Dental Association recognizes an obligation to assist members of the profession, institutional administrators and government in meeting the unique needs of chronic care patients.

This board philosophy of care and parameters of service have been developed by the profession to meet this end.

1. Corporate members of the Canadian Dental Association should encourage development of programs to ensure participation of the profession in supporting the provision of dental care to chronic care patients.
2. The program should embrace institutionalized patients and patients supported by long term care outside the institutions. Care will be delivered within institutions or in the private practice office or, if either of these resources is not available, a mobile dental facility may have to fill the void.
3. An orientation program should evolve to acquaint key members of the profession with the basis of knowledge in the chronic care field so that regional dental staffs can receive direction.
4. Oral care should be an integral part of the general care for the patient.
5. Existing nursing staffs should be trained to provide "daily minimal oral care" as part of the overall hygiene program for the patient.
6. Dental practitioners and staff from the geographic area of the institution should be the primary source of manpower to deliver dental services.
7. Direction of an institutional oral care program should be the responsibility of a dentist.
8. In-service education programs should be initiated by dental staffs within the institutions that they serve.
9. Initial evaluation of chronic care patients should include a thorough oral examination by a dentist.

- 2 -

Oral Care of Chronic Care Patients  
Proposed Resource Document

10. Inter-professional consultations prior to and during dental treatment are recommended for effective co-ordination of total patient care.
11. Adequate equipment and supplies must be made available in institutions for the profession to render services.
12. Standardized administrative procedures are important for good auditing of the program and an administrative protocol should be developed.
13. All dentists rendering care should be members of the medical/dental staff of the institution if so formalized.

Mar./84

CANADIAN DENTAL ASSOCIATION

COUNCIL ON HOSPITAL SERVICES

GUIDELINES FOR STERILIZATION PROCEDURES IN HOSPITAL DENTAL DEPARTMENTS

The object of these guidelines is to provide a practical method for use in hospital dental departments to control infections. The emphasis is on the word "control" rather than "eliminate" as measures ensuring complete elimination are theoretically possible but not practically applicable in routine day-to-day practice. Effective control requires appropriate sterilization for all instruments used on patients. To direct the philosophy of infection control we must determine who we are protecting and what we are protecting them against. In our situation we must protect (a) the patient and (b) members of the dental staff treatment team.

The diseases and/or organisms involved are relatively few in spite of long lists of potentials one often sees. Patient to patient (fomites) transfer includes:

- (a) Hepatitis B
- (b) Herpes simplex I and II
- (c) Mycobacterium tuberculosis
- (d) Slow virus disease (speculative), e.g., Kreutzfeld-Jakob disease

Patient-operator transfer (direct) includes all of the above plus Treponema pallidum (syphilis).

Other pathogenic or potentially pathogenic micro-organisms may exist in our patients, however, it should be borne in mind that the majority of oral infections are endogenous and respiratory (droplet) infections are more a factor of our waiting rooms than of our operatories. It should also be remembered that if we control the infections listed above, other pathogenic potentials will also be controlled as they are lower on the scale of transmissibility and resistance to biocidal agents.

METHOD:

1. All patients should have a thorough medical history taken prior to treatment and be examined for signs of potential infectivity.
2. All members of the dental team should utilize appropriate protective gear for all procedures.



Guidelines For Sterilization Procedures  
in Hospital Dental Departments

2.

3. Currently acceptable effective anti-microbial preparations for handwashing should be used on gloved and ungloved hands between all patients prior to commencement and on completion of treatment.
4. All instruments must be pre-cleaned in disinfecting solutions prior to sterilization or cleaned in ultra-sonic cleaning units. Personnel should have protective gloves, etc.
5. Handpieces, work surfaces, lights, etc., that cannot be heat sterilized should be decontaminated or cleansed as effectively as possible with currently approved alternative methods.
6. All waste material must be disposed of in sealed containers for effective avoidance of cross contamination. Liquid wastes should be evacuated during patient procedures via closed system. High-volume suctions may be used for operative procedures; in surgical procedures only standard closed system suctions are recommended.
7. It is recommended that air-water syringes, handpieces and suction lines should be flushed with appropriate anti-microbial solutions immediately prior to each patient use.
8. Contamination of work surfaces, charts, drawer handles, lights should be avoided by using techniques of non-handling with contaminated hands or by use of protective shields.
9. Sterilization containers and/or packages should be compatible with the modality used and should have a marker strip to signal adequate exposure to heat. As well as chemical markers, biological testing of equipment should be carried out according to institutional infection control guidelines.
10. Suggested methods of sterilization are, in terms of effectiveness and ease of application to dental instruments:
  - (a) unsaturated chemical vapour (chemiclave)
  - (b) steam auto clave
  - (c) dry heat
11. Cold chemical agents are recommended only where proven currently effective.

It is presumed that the above guidelines are applied by personnel trained in basic sterilization knowledge and techniques.

Mar./84

## COUNCIL ON INFORMATION SERVICES

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### REPORT OF THE CDA COUNCIL ON INFORMATION SERVICES TO THE 1984 INTERIM MEETING OF THE CDA BOARD OF GOVERNORS

MEMBERS: Dr. Y. Kamachi, North Bay, Ontario - Chairman  
Dr. R. Howaniec, Burnaby, British Columbia  
Dr. W. T. Koltek, Winnipeg, Manitoba  
Dr. G. Lafrenière, Hull, Québec  
Dr. C. LeBlanc, Moncton, New Brunswick  
Dr. J. Niedermayer, Regina, Saskatchewan - Executive  
Liaison

#### Council Meetings

1. Since the 1983 Board of Governors meeting, the Council has met once on October 21, 1983. The following new members were introduced Dr. R. Howaniec, Dr. G. Lafrenière and Dr. J. Niedermayer.

#### Matters Requiring Board Action

2. Dental Awareness Program

The Chairman expressed his opinion on why the Dental Awareness Program was defeated at the Board of Governors meeting. It was felt that there must be more details and baseline data for evaluation purposes. The Board felt that the idea for a dental awareness program is essential but further research and development be undertaken before a second request for funds is made.

Council concurs that a dental awareness program is essential and moves

*"THAT the CDA retain the services of a consulting firm to assist the CDA in developing a dental awareness program."*

Carried

#### RESOLVED:

- 84.29 *WHEREAS the Executive Council has approved the hiring of a consultant to research and collect pertinent communication data available from known sources, e.g. corporate bodies, ADA, ADG, etc. to review and interpret this research and prepare recommendations to the Board of Governors in September for an effective dental awareness program:*

*THAT the maximum expenditure in relation to the consultant be \$26,000.00.*

ADOPTED

Matters of Information not Requiring Board Action3. National Dental Health Month

CDA has contacted several companies to produce advertising concepts for the National Dental Health Month campaign. Members were asked to comment on each of the electronic and print presentations.

The National Dental Health Month kits will be updated and utilized again this year.

It was decided that a one-day National Dental Health Month Workshop would be sufficient to discuss the 1984 campaign. The workshop will be conducted on November 25, 1983. From past experience, it was noted that there seemed to be insufficient communication between National Dental Health Month chairmen and corporate bodies. It was decided that all promotional materials be given to National Dental Health Month chairmen at the workshop in order that they in turn can discuss the materials with their corporate body. It was also decided that invitations be sent to provincial Executive Directors to attend the workshop at their own expense.

A different approach will be taken at the workshop. There will be guest speakers who specialize in print, television and radio promotion. The speakers will advise the National Dental Health Month chairmen on how to effectively implement the concepts using CDA developed promotional materials. APPENDIX A

4. Magazine Contacts

C.D.A. has contacted a number of magazine publishers to encourage them to write articles on oral hygiene and to forward any dental articles to the C.D.A. for review. This procedure enables the C.D.A. to comment on its clinical accuracy on what is being written for public consumption. C.D.A. will contact Council members for the names of individuals who could be contacted to review submitted articles. It was also noted that copies could be forwarded to Council for information.

Members reviewed a dental insert by the American Dental Association in Life magazine. Contact has been made with Canadian Living magazine for a similar insert. Members will be kept up-to-date on the progress of this endeavour.

## 5. Pamphlets

### Completed

- (i) Do You Need Complete Dentures?
- (ii) Are You Missing A Few Teeth?

"Do You Need Complete Dentures" - is being reprinted due to poor colour separations of the photographs.

### In Progress

- (i) T.M.J. pamphlet
- (ii) Restorative Dentistry

### In Planning Stage

- (i) Paedodontics

### Revisions

- (i) Dental X-Rays Show Hidden Problems

### Pamphlet Production

A change in procedure regarding pamphlet production was developed at the Council meeting. Members noted the following point should be added to the list of procedures: "a copy of the draft be forwarded to a specialist for his/her comments".

### Pamphlet Distribution - "Do You Smoke? Have Your Mouth Checked"

Dow Pharmaceuticals has approached C.D.A. of the possibility of distributing the above pamphlet with the pamphlet "I've Tried to Stop Smoking -- I Can't" by the Canadian Council on Smoking and Health. Both will be sent to pharmacies, hospitals, physicians and insurance companies. Members felt it was an excellent idea to be investigated.

## 6. Media Workshop

The workshops are still available under the organization of Paul McLaughlin the provider of the original C.D.A. workshops. Dental spokespersons are encouraged to take them.

Respectfully submitted,

Dr. Y. Kamachi, Chairman  
Council on Information Services.

### ADOPTION OF REPORT

*The Board of Governors receives the report of the Council on Information Services with appreciation.*

REVISED AGENDA

NDHM WORKSHOP  
November 25, 1983

| <u>TIME</u>   | <u>TOPIC</u>                                                               | <u>GUEST SPEAKERS</u>                                                                                                                                                                                              |
|---------------|----------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| 9:15 - 9:30   | Opening Remarks                                                            | Dr. Koltek - NDHM Chairman                                                                                                                                                                                         |
| 9:30 - 10:00  | Marketing Principles                                                       | Aimée Britton - Supervisor of<br>Marketing -<br>Canadian Office<br>of Tourism                                                                                                                                      |
| 10:00 - 10:15 | Discussion                                                                 |                                                                                                                                                                                                                    |
| 10:15 - 10:30 | Coffee                                                                     |                                                                                                                                                                                                                    |
| 10:30 - 11:00 | Case Study - Dialogue on Drinking                                          | Lorie Jones - Program Coordinator<br>Health & Welfare<br>Canada                                                                                                                                                    |
| 11:00 - 11:15 | Discussion                                                                 |                                                                                                                                                                                                                    |
| 11:15 - 11:45 | Case Study - Fitness Ontario                                               | Ron Fiorelli - Vice President<br>Public & Industrial<br>Relations, Toronto                                                                                                                                         |
| 11:45 - 12:00 | Discussion                                                                 |                                                                                                                                                                                                                    |
| 12:00 - 1:00  | Lunch                                                                      |                                                                                                                                                                                                                    |
| 1:00 - 1:30   | Presentation of Promotional<br>Materials                                   | John Marshall - President<br>& Owen O'Brien - Director Client<br>Services<br>Steen-Marshall Ltd.                                                                                                                   |
| 1:30 - 1:45   | Discussion                                                                 |                                                                                                                                                                                                                    |
| 1:45 - 2:15   | CDA Marketing Strategy and<br>Suggestions for Provincial<br>Implementation | Doris Goodwin - Director of<br>Communications<br>CDA                                                                                                                                                               |
| 2:15 - 2:30   | Discussion                                                                 |                                                                                                                                                                                                                    |
| 2:30 - 2:45   | Coffee                                                                     |                                                                                                                                                                                                                    |
| 2:45 - 3:35   | Media Panel                                                                | Cable TV: Terry Stapleton - Ottawa Cablevision<br>TV: Bill Henry - CJOH<br>Radio: Steve Madely - CFRA<br>Newspapers: Maurice Perron - Ottawa Citizen<br>Magazines: Ken Winchcombe - Southam<br>Communications Ltd. |
| 3:35 - 4:00   | Discussion                                                                 |                                                                                                                                                                                                                    |
| 4:00 - 4:15   | Closing Remarks                                                            | Dr. Koltek - NDHM Chairman                                                                                                                                                                                         |

## INSURANCE & INVESTMENT

---

### REPORT OF THE CANADIAN DENTAL SERVICES PLANS INC. (COUNCIL ON INSURANCE & INVESTMENT) TO THE 1984 INTERIM MEETING OF THE CDA BOARD OF GOVERNORS

Members of the C.D.S.P.I. Board of Directors are:

|                     |                                   |
|---------------------|-----------------------------------|
| Dr. G. Anthony      | - Atlantic Provinces              |
| Dr. G.F. Copithorne | - British Columbia                |
| Dr. R. Dupont       | - CDA Representative for Quebec   |
| Dr. J.C. Giguere    | - Quebec                          |
| Dr. C.R. Hill       | - Manitoba and Saskatchewan       |
| Dr. R.L. Moran      | - CDA Representative for Ontario  |
| Dr. R.L. Rasmussen  | - Alberta - Chairman of the Board |
| Dr. R.R. Schiewe    | - Ontario                         |
| Dr. W.R. Thompson   | - CDA Executive Liaison           |

Members of the C.D.S.P.I. Management Committee are:

|                     |                          |
|---------------------|--------------------------|
| Dr. J.E. Durran     | - Burlington - President |
| Dr. R.L. Moran      | - Toronto - Treasurer    |
| Dr. M.D. Charendoff | - Toronto - Secretary    |

Items of Business to be discussed:

#### 1. Participation Agreements

The Board of Governors of the CDA passed a resolution which stated "That the CDA approve the agreements and arrange to complete the signing of such agreements by all current co-sponsors and return them to CDSPI prior to December 31, 1983 with a proviso added to satisfy the Province of Quebec concerning Office Contents Insurance". CDSPI, at the direction of its Board, proposed a clause which stated "That Quebec would be exempted from the clause which would prohibit promotion of Office Contents as it relates to offices in the homes of Quebec dentists who carry Homeowners Insurance with the QDSA".

The agreement, along with the proposed amendment, was forwarded to the QDSA for their consideration.

It has been brought to our attention that the Participation Agreement was returned to the Canadian Dental Association, signed but the exclusion clause not included, the entire promotion section crossed out, and the General Insurance areas of the Contract, specifically those relating to Office Contents and Malpractice marked as "optional for Quebec".

It was also brought to our attention, by some Quebec participants in CDIP, that a communique, comparing CDIP Malpractice to a plan available in Quebec through Gestas has been sent to all QDSA members (Appendix A(i)).

Once a copy of the communique was received in our office, we enquired about obtaining a copy of the contract to which the CDIP Plan was compared in order to be aware of the coverage being offered.

After many unsuccessful attempts, we did obtain a French copy and the translated version is attached (Appendix A(ii)). Note that the named insured is Association Des Chirurgiens Dentistes Du Quebec.

It is beyond the mandate of CDSPI to legislate in this area. We, therefore, seek the guidance of the CDA Board on this matter. In addition to your guidance, we refer you to a number of questions which must now be answered in light of this situation:

- a. What now is the eligibility status of Quebec Dentists who participate now or may wish to continue and/or increase participation in the CDIP?
- b. What is now the status of the representative of the Province of Quebec on the Board of CDSPI?
- c. What is now the status of the CDA representative from the Province of Quebec on the Board of CDSPI and what effect is there on the By-Laws relating to this area?

We await the directions of your deliberations on this matter.

RESOLVED:

- 84.31 *THAT CDA explore all options available in the event that the QDSA terminates its sponsorship of any Canadian Dental Insurance Plans, indicating the possibility of the Order of Dentists of Quebec becoming a sponsor of all or any portions of the Canadian Dental Insurance Plans and report back to the September 1984 Board of Governors meeting.*

ADOPTED



## RESOLVED:

84.32

*THAT CDA in concert with CDSPI review the Participation Agreement and bring forward any recommended changes to the September 1984 annual Board of Governors meeting.*

ADOPTED

2. Office Contents

The Board of Directors of CDSPI felt that, in the light of a reduced increase in the rate of inflation, it was reasonable to offer an increase in the Office Contents and Business Interruption coverage in the order of 5%; therefore

CDSPI Board of Directors recommends to the CDA Board of Governors:

## RESOLVED:

84.33

*THAT an automatic increase in office contents and business interruption coverage of 5% take effect as of July 1, 1984.*

ADOPTED

3. Registered Retirement Savings Plan

A motion regarding change in name and management of Guaranteed Fund was approved and

CDSPI Board of Directors recommends to the CDA Board of Governors:

## RESOLVED:

84.34

*THAT there be a change in investment policy from long term to short term money at the discretion of the investment managers of Imperial Life as it relates to the money market fund of the CDA RSP.*

ADOPTED

Items of Business for Information1. Plan Experience

As the Plan Experience for the year 1983 is not available at the time of writing this report, it will be available early in February and we will comment at that time on the CDIP Programs with appropriate figures for distribution.

2. CDSPI - Board Member Change

Dr. J. C. Giguere is the CDSPI Board Member for Quebec.

### 3. Non-Smokers Insurance

At the time of writing this report, 68.4% of the Life participants registered as non-smokers. We are continually getting more applications and project that the final percent may reach 69% or 70%.

The effect of the 10% increase in coverage and the non-smokers rate implementation on premium relating to annual/first quarter billings compared to last year is:

1983 - \$1,509,431.40  
1984 - \$1,785,063.44

Actual paid figures will be more indicative of the effect of these two items.

### 4. Loss Prevention

CDSPI is presently putting together a program which will reflect what we have learned from the California experience as well as the Medical Protection Society Ltd. We propose that our first of many reports on this subject, along with proposed Loss Prevention material, will be presented to our Board of Directors for review in April.

### 5. Insurance Consultants

Effective January 1, 1984, the firm of F. W. Clancy and Son Ltd. became the consultants on all matters relative to the General Insurance package; further, on the same date, the firm of Towers, Perrin, Forster & Crosby became the consultants on all matters relating to the Benefits coverage (i.e. Life, LTD, Office Overhead and Accidental Death & Dismemberment).

Both these firms are in a position to provide the service and continual monitoring that is required and we look forward to our association with them.

### 6. Benefit Committee Chairmen

A meeting of the Provincial Benefit Committee Chairmen has been scheduled for September in Ottawa in order to coincide with the CDA and CDSPI Annual Meetings. During the past months, the role and effectiveness of

this particular position, as it relates to CDIP, has been carefully assessed and a decision has been taken to carry on in this manner as it presents a reasonably effective method of communicating CDIP's message.

7. In-House Administration

All participants' files are located at CDSPI - both computer and file folders. All invoices that you received for January 1, 1984 were prepared and printed by CDSPI. As a result of frequent checks, we know that the error factor has been admirably low. Final bugs are now being ironed out of the system and documentation completed. We will be doing selective promotional mailings in the Spring because we now have that capability to isolate potential markets for particular lines of coverage. Our first invoices, one in English and one in French are framed and hung in the Board Room at CDSPI - I might add with the permission of the participants.

8. Undergraduate Enrolment

Statistics relating to this package are attached to this report. (Appendix B)

9. Graduate Package

Statistics relating to this package are attached to this report. (Appendix C)

10. Annual Meeting of CDSPI

This meeting was held coincident with the Annual Meeting of the CDA in Vancouver. Minutes have been circulated to all Corporate Members.

11. Plan Statistics

Attached to this report (Appendix D) is a statistical comparison by Plan of applications received. It will be interesting to view these figures further later in 1984 in relation to our proposed promotional mailings on a selective basis.

12. CDA RRSP

Attached as (Appendix E) is the material which all participants received regarding their contributions to the CDA RRSP. In addition, each participant receives a quarterly statement.

A comparison of the Market Value balances of each Fund on the dates indicated shows:

|              | <u>June 1, 1983</u>  | <u>December 31, 1983</u> | <u>Increase</u>     |
|--------------|----------------------|--------------------------|---------------------|
| Fixed Income | \$ 9,607,123         | \$ 9,841,949             | \$ 234,826          |
| Common Stock | 16,759,016           | 17,376,324               | 617,308             |
| Money Market | 9,508,507            | 10,007,133               | 498,626             |
| Balanced     | <u>1,186,327</u>     | <u>1,305,087</u>         | <u>118,760</u>      |
|              | <u>\$ 37,060,973</u> | <u>\$ 38,530,493</u>     | <u>\$ 1,469,520</u> |

Although some of these increases are attributable to market increases and good Fund management, our figures indicate an above normal flow of funds to the Plan in periods when past records indicate a slow contribution level. These figures are also net of transfers out and any deregistrations.

As an example, for all of 1982, \$81,353.60 was transferred in to this Plan. In 1981, \$85,792.55. For the period of June 1 to December 31, 1983 \$469,274.66 was transferred in. Cash contributions from June 1 to December 31, 1983 total \$915,675.50 with the busy RRSP period yet to take place.

The accounting firm of Clarke, Henning & Co. has been retained to perform the audit of the CDA RRSP. An annual report containing audited financial statements should be available in September (Plan year is June 1 to May 31).

### 13. Directors Handbook

CDSPI has developed, for use of its Directors, a handbook containing copies of all documents and information relating to CDSPi and the insurance programs. A copy of the table of contents of this handbook is attached (Appendix F).

A copy of this handbook is in the offices of the CDA and will be updated on a regular basis as updates are sent to our Directors.

### 14. 25th Anniversary

January 9, 1984 marked the 25th Anniversary of the incorporation of CDSPi. For the occasion, we have developed an anniversary logo, an advertising campaign and a strong message of stability to and by the Dental Profession. We are dedicating this milestone to the Dentists of Canada

as recognition of their support to the programs. The first anniversary ad is attached as (Appendix G).

An anniversary reception for Executive and Board members will be held during the CDA Convention in April.

In addition, we plan to unveil a booklet "This is CDSPI" containing the history and conceptual design of the organization. This will be available to all in order that the profession may become better aware of our efforts in the insurance and investment areas.

15. Items Under Study

1. Annuity Purchases -  
How to assure that our dentists get the best annuity at retirement.
2. Presumptive disability -  
When the disability obviously is going to result in total and permanent disability -- then the clause which requires a person to be under continuous care of a physician becomes inoperative.
3. Reexamination of the guaranteed convertibility of LTD -  
The American Dental Association has it -- we are looking again.
4. Non-Smoker rates for LTD and Office Overhead
5. Retirement Counselling

The above are some of the items which are on our agenda for the coming months. Our new consultants will have an opportunity to display their talents when some of the above are negotiated.

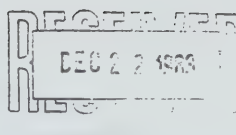
Respectfully submitted

Dr. J.E. Durran, President  
Canadian Dental Services  
Plans Inc.

ADOPTION OF REPORT

*The Board of Governors receives the report of the Council on Insurance and Investment with appreciation.*

*Association  
des chirurgiens dentistes  
du Québec*



APPENDIX A(i)  
Insurance &  
Investment

MALPRACTICE INSURANCE COVERAGE

Dear Colleague:

The protection of our members' economic interest necessitates constant carefulness on our part and an acute sense of responsibilities, independently of any other factor.

Because of that, we have analyzed the malpractice insurance coverage offered by C.D.S.P.I. and what is available in the market place, making sure that if a dentist wants to transfer his policy, he will not suffer any prejudice.

Here are the findings of our study.

COVERAGE

Basic coverage (legal minimum)

|                                                    | <u>C.D.S.P.I.</u> | <u>GESTAS</u> |
|----------------------------------------------------|-------------------|---------------|
| 1 000 000 \$ basic coverage                        |                   |               |
| 3 000 000 \$ maximum coverage per insurance period | 360 \$            | 250 \$        |

Optional

|                                                    |        |        |
|----------------------------------------------------|--------|--------|
| 2 000 000 \$ basic coverage                        |        |        |
| 6 000 000 \$ maximum coverage per insurance period | 390 \$ | 325 \$ |

PLAN FEATURES

C.D.S.P.I.

- A repeater deductible of 2 000 \$ per claim will apply from the third and to all subsequent claims in any two-year period. Maximum deductible in any one year will be 20 000 \$. An incident where no payment to a third party is made is not considered a claim.

The repeater deductible will not apply for a retired dentist or the estate of a deceased dentist.

GESTAS

NO DEDUCTIBLE AT ALL  
ON ANY CLAIM.

Association  
des chirurgiens dentistes  
du Québec  
4159 est, rue Bélanger  
Montréal, Québec H1T 1A2  
(514) 376-7861

(SEE REVERSE)

### C.D.S.P.I.

- The malpractice coverage for a retired dentist or for the estate of a deceased dentist is automatically extended for 5 years, free of charge, the first two of which are guaranteed non-cancellable. After 2 years, cancellation by the insurance company will require specific approval of C.D.S.P.I.

- If the Order of Dentists requests information, C.D.S.P.I. will provide the names of individuals involved in a malpractice action.

### GESTAS

- The malpractice coverage for the estate of deceased dentist is automatically extended for 3 years, at no cost. Extended coverage is also available upon request after this period. The malpractice coverage for a retired dentist or for a dentist who temporarily ceases to practice is automatically extended, at no cost, for a period of 12 months from this date.

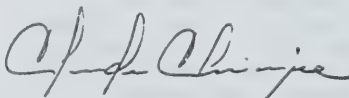
Extended coverage after this period is also available.

- If the Order of Dentists or Q.U.S.A. requests information, Gestas will provide information regarding the individuals involved in a malpractice action.

The Association, understanding its mandate, will remain cautious especially concerning future premiums and client services. If ever C.D.S.P.I. is more competitive for this type of coverage, we will advise you promptly.

It is your absolute choice to stay with C.D.S.P.I. or to deal directly with the firm Larivée & Raymond Inc.. To do so, you only have to fill in the enclosed proposal form and to attach your cheque in the appropriate amount payable to the said firm.

Yours truly,



Claude Chicoine, D.D.S.  
President

CC/sd  
December 15, 1983

Encl.



APPLICATION  
PROFESSIONAL LIABILITY INSURANCE

APPENDIX A(i)  
Insurance &  
Investment

DENTAL SURGEON  
\*\*\*\*\*

G E S T A S, I N C.

in its capacity as manager for the insurers listed in the policy

STATEMENTS

1. a) Applicant(s): \_\_\_\_\_  
b) Address: \_\_\_\_\_

c) Check: ☐ Sole Practitioner ☐ True Partnership  
☐ Nominal Partnership or expense sharing arrangement

2. Supply the following information on each dental surgeon:

| NAME | YEAR AND UNIVERSITY<br>IN WHICH DIPLOMA<br>OBTAINED | LICENCE NO. | LICENCE NO. IN OTHER<br>CANADIAN PROVINCE OR<br>IN AN AMERICAN STATE |
|------|-----------------------------------------------------|-------------|----------------------------------------------------------------------|
|      |                                                     |             |                                                                      |
|      |                                                     |             |                                                                      |
|      |                                                     |             |                                                                      |

(if insufficient space, supply information on separate paper)

3. During the last five (5) years, has the Applicant or any dental surgeon mentioned in statement 2 carried professional liability insurance? \_\_\_\_\_  
In the affirmative, please give the following details:

| INSURER | POLICY NO. | PERIOD | LIMITS OF LIABILITY |
|---------|------------|--------|---------------------|
|         |            |        |                     |
|         |            |        |                     |

4. During the last five (5) years, has the Applicant or any dental surgeon mentioned in statement 2 had similar insurance declined, cancelled or refused on renewal? \_\_\_\_\_  
In the affirmative, give the following details:

- Name(s) of Insurer(s): \_\_\_\_\_  
- Reason(s) for declining, cancellation or refusal: \_\_\_\_\_

APPENDIX A(i)  
Insurance &  
Investment

5. a) During the last five (5) years, has the Applicant or any dental surgeon mentioned in statement 2 ever been the object of one or more claims or given notice of a possible claim to an Insurer because of professional services? \_\_\_\_\_
- b) Is the Applicant or any dental surgeon mentioned in statement 2 aware of any facts or circumstances or any allegations likely to give rise to a claim? \_\_\_\_\_

If so, give, in each case, the circumstances and name of potential claimants: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

6. Do you, personally or as an associate, employ on a full or part time basis:

NO.      FULL TIME      PART TIME

- Dental hygienist      \_\_\_\_\_

- Dental assistant      \_\_\_\_\_

7. Insurers' limits of liability: (check limits desired)

- ☐ \$1,000,000. per loss / \$3,000,000. per POLICY PERIOD
- ☐ \$2,000,000. per loss / \$6,000,000. per POLICY PERIOD

Suggested effective date of this insurance: \_\_\_\_\_

The liability of the Insurers will be limited to the amounts stated above notwithstanding the number of Insureds involved.

I/we on my/our behalf and on behalf of the other dental surgeons who are named in statement 2 declare that the answers contained in this application are exact and complete and I/we ask that a policy be prepared based on these statements.

I/we undertake to inform GESTAS, INC. of any corrections to be made to the answers contained in this application if, upon the effective date of the policy, the answers require correction.

It is understood that this policy will take effect on the date determined by GESTAS, INC.

SUBJECT TO ITS TERMS AND CONDITIONS, ANY POLICY ISSUED BY GESTAS, INC. WILL APPLY ONLY TO CLAIMS MADE AGAINST THE INSURED AND REPORTED TO GESTAS, INC. DURING THE POLICY PERIOD.

SIGNATURE OR APPLICANT OR A PARTNER: \_\_\_\_\_

DATE: \_\_\_\_\_ 19 \_\_\_\_\_ TITLE: \_\_\_\_\_

PLEASE RETURN TO:

LARIVEE & RAYMOND INC.  
5801, rue Sherbrooke est  
Montréal, Québec H1N 1B3

Tél.: (514) 253-0330

|                               |     |
|-------------------------------|-----|
| ST-PAUL INSURANCE CO.         | 65% |
| TRADERS GENERAL INSURANCE CO. | 5%  |
| THE HALIFAX INSURANCE CO.     | 20% |
| ROYAL INSURANCE CO. OF CANADA | 10% |

**MALPRACTICE INSURANCE POLICY**

underwritten by the above-mentioned insurance companies

through  
**GESTAS, inc.**

as Manager for the insurers

POLICY NO. 077-221-877

**DECLARATIONS**

|              |                |                                                                                                                                                                                                          |       |      |     |                          |      |                      |
|--------------|----------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------|------|-----|--------------------------|------|----------------------|
| Section 1.01 | NAMED INSURED  | ASSOCIATION DES CHIRURGIENS DENTISTES DU QUÉBEC as a professional representative organization and the professional corporations and/or professionals named in the certificates issued under this policy. |       |      |     |                          |      |                      |
| Section 1.02 | ADDRESS        | 4159 Belanger St. East<br>Montreal, Quebec HIT 1A2                                                                                                                                                       |       |      |     |                          |      |                      |
| Section 1.03 | TYPE OF POLICY | Malpractice Insurance<br>DENTIST                                                                                                                                                                         |       |      |     |                          |      |                      |
| Section 1.04 | POLICY PERIOD  | FROM                                                                                                                                                                                                     |       | TO   |     | 00:01 a.m. STANDARD TIME |      |                      |
|              |                | DAY                                                                                                                                                                                                      | MONTH | YEAR | DAY | MONTH                    | YEAR |                      |
|              |                | 01                                                                                                                                                                                                       | 01    | 84   | 01  | 01                       | 85   | AT THE ABOVE ADDRESS |
| Section 1.05 | LIMITS         | \$1,000,000.00 each occurrence (or any other limit appearing on the certificate)<br>\$3,000,000.00 aggregate                                                                                             |       |      |     |                          |      |                      |
| Section 1.06 | RETENTION      | None                                                                                                                                                                                                     |       |      |     |                          |      |                      |
| Section 1.07 | PREMIUM        | \$250.00 for each dentist or any other premium appearing on the certificate.                                                                                                                             |       |      |     |                          |      |                      |

COUNTERSIGNED IN MONTREAL ON THIS

DAY OF

19 .

BROKER: LARIVÉE & RAYMOND INC.  
 5801 Sherbrooke St. East  
 Montreal, Quebec, H1N 1B3

Authorized Representative

GESTAS, INC.

(10L)

Per \_\_\_\_\_

## DEFINITIONS

When used in this Policy:

- 2.01 "Insured" means, in addition to the Named Insured:
- (a) Any person actively practicing the described profession and whose name appears on the application provided he or she is a partner or an employee of the Named Insured;
  - (b) Any person actively practicing the described profession and becoming a partner or an employee of the Named Insured during any policy period;
  - (c) Any employee of a Named Insured in the course of his or her employment;
  - (d) Any director of any organization mentioned in Section 1.01 but only in connection with the profession described in Section 1.03;
  - (e) Legal heirs or legal representatives of any person mentioned in paragraphs (a) to (d) inclusive;

This insurance shall not be affected by any change in the Named Insured's legal status.

- 2.02 "Certificate" means the document issued by the Insurers or their authorized representative to an individual, partnership, corporation, joint venture or other entity to certify the existence of the insurance afforded under this Policy in the same manner as if a separate policy had been issued;
- 2.03 "Policy period" means the duration of the policy or of any renewal policy;
- 2.04 "Loss" means any occurrence resulting in one or more claims;
- 2.05 "Nuclear Energy Hazard" means the radioactive, toxic, explosive or other hazardous properties of radioactive material;
- 2.06 "Radioactive Material" means uranium, thorium, plutonium, neptunium, their respective derivatives and compounds, radioactive isotopes of other elements and any other substances that the Atomic Energy Control Board may, by regulation, designate as being prescribed substances capable of releasing atomic energy, or as being requisite for the production, use or application of atomic energy;
- 2.07 "Nuclear Facility" means:
- (a) any apparatus designed or used to sustain nuclear fission in a self-supporting chain reaction or to contain a critical mass of plutonium, thorium and uranium or any one or more of them;
  - (b) any equipment or device designed or used for (i) separating the isotopes of plutonium, thorium and uranium of any one or more of them, (ii) processing or utilizing spent fuel, or (iii) handling, processing or packaging waste;

(c) any equipment or device used for the processing, fabricating or alloying of plutonium, thorium and uranium or any one or more of them if at any time the total amount of such material in the custody of the Insured at the premises where such equipment or device is located consists of or contains more than 25 grams of plutonium or uranium 233 or any combination thereof, or more than 250 grams of uranium 235;

(d) any structure, basin, excavation, premises or place prepared or used for the storage or disposal of waste radioactive material;

and includes the site on which any of the foregoing is located, together with all operations conducted thereon and all premises used for such operations;

2.08 "Insurers" means the insurance companies listed at the beginning of this Policy, each of them being liable for the coverage provided by this Policy for its own part only according to the percentage indicated following its name and not one for the other.

### INSURING AGREEMENTS

#### 3.01 Insuring clause

In consideration of the payment of the premium and subject to the terms, conditions definitions, exclusions and limitations of this Policy the Insurers agree to pay, to or on behalf of the Insured, all sums which the Insured shall become legally obligated to pay because of injury arising out of the rendering of or failure to render professional services in the practice of the profession described in the Declarations by the Insured or by any other person, including his or her predecessors, for whom the Insured may be legally liable.

NO CLAIM SHALL BE COVERED UNLESS REPORTED TO THE INSURERS DURING THE PERIOD OF THIS POLICY.

#### 3.02 Supplementary Payments

Whenever Section 3.01 above applies, the Insurers also agree:

- (a) to assume the defense in any suit brought against the Insured on account of such injury, even if such suit is groundless;
- (b) to pay over and above the limit of the Policy any premium payable under guarantee bonds required to release attachments and any premium payable under bonds on appeal to the extent of an amount not exceeding the limit of liability specified in the Declarations, but without any obligation to apply for or furnish any such bonds;
- (c) to pay or reimburse over and above the limit of the Policy:
  - (i) all expenses incurred in any investigation, defense, negotiation or settlement of any claim made against the Insured;
  - (ii) all costs taxed against the Insured following a judgment and all accrued interest on such portion of said judgment not exceeding the limit of the Insurers' liability;

(iii) all reasonable expenses, if any, other than loss of earnings, incurred by the Insured upon the Insurers' request;

(d) If deemed necessary by the Insurers to represent the Insured in connection with any complaint filed against the Insured with the disciplinary committee of the Ordre des dentistes du Québec or any other body having similar powers.

### 3.03 Exclusions

This insurance does not apply to:

- (A) (1) Fines, penalties, punitive or exemplary damages or any other sums which are uninsurable by law;
- (2) Injury caused intentionally by the Insured;
- (3) Fraudulent or criminal acts, except with respect to Insureds who did not commit or participate in such acts;
- (4) Claims which, upon effective date of this Policy or upon its application to a new Insured during the policy period, had already been presented to the Insured or which could result from facts or circumstances already known to the Insured and liable to give rise to a claim, whether or not these facts or circumstances are stated in the application; nonetheless, whenever this Policy shall replace, without interruption of cover, a policy previously issued by Gestas, inc., this exclusion shall apply only to those claims, facts or circumstances already known to the Insured prior to the coming into force of the policy thus replaced;
- (5) Claims which could have been covered under any insurance policy terminated before this Policy was made, except to the extent that the coverage afforded by this Policy is more extensive due either to the applicable deductible or to the amount of insurance;
- (B) Injury, sickness, disease, death, damage or destruction:
- (1) with respect to which an Insured under this Policy is also insured under a contract of Nuclear Energy Liability Insurance (whether the Insured is named in such contract or not and whether or not it is legally enforceable by the Insured) issued by the Nuclear Insurance Association of Canada or any other group or pool of insurers or would be an Insured under any such policy but for its termination upon exhaustion of its limit of liability; or
- (2) resulting directly or indirectly from the nuclear energy hazard arising from:
- the ownership, maintenance, operation or use of a nuclear facility by or on behalf of an Insured;
  - the furnishing by an Insured of services, materials, parts or equipment in connection with the planning, construction, maintenance, operation or use of any nuclear facility; and



- the consumption, transportation, possession, handling, disposal or use of radioactive material (other than radio-isotopes away from a nuclear facility) sold, handled, used or distributed by an Insured.

With respect to property, loss of use of such property shall be deemed to be damage to or destruction of property.

#### GENERAL CONDITIONS

##### 4.01 Insured's duties in the event of a claim

###### (a) Notice

In the event of a claim, written notice shall be given by the Insured to Gestas, inc. as soon as practicable during the period of the policy. The Insured shall also immediately forward to Gestas, inc. every claim received by the Insured including writs.

Provided proper notice has been given during the policy period or renewal period, no failure to notify the Insurers shall be held against any Insured who was not aware of the loss or claim nor shall such failure result in coverage being denied by the Insurers except when prejudicial to the rights of such Insurers.

###### (b) Cooperation

The Insured shall cooperate, except financially, with Insurers, at the Insurers' request, with respect to investigations, settlements or defense. The Insured shall not voluntarily make any admission of liability, offer or effect any settlement or incur any expense without the written consent of the Insurers.

##### 4.02 Notice Requirements

Any notice from the Insured to the Insurers shall be sent in writing to Gestas, inc. at the address appearing in this Policy.

Any notice from the Insurers to the Insured shall be sent in writing to the Insured by Gestas, inc. at the address described in Section 1.02 or at any other address given in writing to Gestas, inc.

##### 4.03 Proceedings and settlement

The Insurers shall have the right to investigate the circumstances of a presented claim, to negotiate and to conclude settlement with the consent of the involved Insured. They shall also have the right to conduct the defense of any suit on behalf of the Insured. Should a settlement become impossible because the Insured refuses to consent to same, the latter shall continue the defense at his or her own expense, the liability of the Insurers being then limited to the amount for which the claim could have been settled and those other expenses incurred up to the date of the refusal.



#### 4.04 Limits, deductible

Subject to the deductible provided in Section 1.06, the Insurers shall pay any claim not in excess of the limits of liability stated in Section 1.05.

In addition, the Insurers liability shall be limited to the amount stated in Section 1.05 for all claims during any policy period regardless of the number of Insureds involved. If there are several claims for the same loss, each shall be deemed to have been made during the policy period during which the first claim was presented to the Insurers.

#### 4.05 Other insurance

If the Insured has other insurance, providing the same coverage, against a loss covered by this Policy, this Policy shall apply only on a contribution basis and the Insurers shall not be liable for a greater proportion of such loss than the limit of liability under this Policy bears to the total limit of liability under all insurance against such loss, subject to the limit of liability under this Policy.

#### 4.06 Renewal, cancellation or non-renewal

- (a) If the Association des chirurgiens dentistes du Québec does not intend to renew this Policy, it must give written notice in writing to Gestas, inc., at least ninety (90) days prior to the expiry date;
- (b) If Gestas, inc. does not intend to renew this Policy or if it intends to renew it with such terms and conditions as will result in a more limited coverage or for a higher premium, Gestas, inc. shall give written notice to the Association des chirurgiens dentistes du Québec at least ninety (90) days prior to the expiry date, such notice to be sent by registered mail or personally delivered.
- (c) In the absence of any notice provided for under sub-paragraphs (a) or (b) above, the policy shall be renewed under the same terms and conditions for a further 12 month period as of the expiry date stated in Section 1.04 of the Declarations.
- (d) With respect to individual Insureds, the certificate issued may be cancelled by Gestas, inc. with the written consent of the Association des chirurgiens dentistes du Québec provided the professional involved receives written notice of cancellation by registered mail or personally delivered at the address indicated to Gestas, inc. by the Association des chirurgiens dentistes du Québec, such cancellation to be effective thirty (30) days after such notice was sent or delivered.

#### 4.07 Changes

No terms of this Policy shall be waived or changed except by endorsement or renewal signed by Gestas, inc. or a duly authorized representative.

No circumstance whatsoever shall be deemed to be known to the Insurers except when notified to them by a notice in accordance with Section 4.02.

4.08 Subrogation

In the event of any payment under this Policy, the Insurers shall be subrogated to the extent of such payment to all the Insured's rights of recovery therefor, and the Insured shall execute all papers required to secure such rights.

The Insurers shall waive their rights of subrogation against any Insured except with respect to fraudulent or criminal acts, committed alone or in collusion with others, or to late notices having prejudiced the rights of the Insurers.

4.09 Action against Insurers

No action shall lie against the Insurers unless, as a condition precedent thereto, the Insured shall have fully complied with all the terms of this Policy nor until the amount of the obligation of the Insured to pay shall have been determined either by final judgment or by written agreement between the Insured and the Claimant and the Insurers.

Any action or suit against the Insurers by virtue of this Policy must be brought no later than three (3) years after the liability of the Insured has been established as above.

The Courts of Canada shall have sole jurisdiction to enforce the Insurers' obligations resulting from this Policy.

Any lawsuit by the Insured against the Insurers may be validly served upon Gestas, inc. at the address indicated in this Policy.

4.10 Death or retirement

- (a) In the event that an Insured practicing the described profession dies, the insurance remains in force until the end of the policy period during which such Insured died. In addition, the Insurers agree to keep this policy in force for such Insured for an additional three (3) year period following the date of death.

The Insurers agree furthermore, upon due request from the legal heirs, assigns or legal representatives made within the prescribed period of time, to issue a policy in accordance with the "Previous Acts Malpractice" form (Run off policy) then written by the Insurers, such policy to become effective on the expiry date of this Policy.

- (b) In the event that an Insured voluntarily ceases to practice the described profession, whether temporarily or not, it is understood and agreed with respect to the professional services rendered by such Insured that the policy period shall be amended to end twelve (12) months after the Insured stops practicing. In addition, the Insurer agrees, upon written request by the Insured within such twelve (12) month period, to issue a policy in accordance with the "Previous Acts Malpractice" form (Run off policy) then written by the Insurers, such policy to become effective on the expiry date of the new policy period.

4.11 Cross Liability

Any Insured claiming damages from other Insureds shall be deemed a Third Party under this Policy.

4.12 Bankruptcy or insolvency

Bankruptcy or insolvency of the Insured shall not relieve the Insurers of any of their obligations hereunder.

4.13 Declarations

The Insured agrees that this policy is issued in reliance upon the statements in the application.

IN WITNESS WHEREOF, the Insurers have caused this Policy to be signed by their Manager, Gestas, inc., but the same shall not be binding upon the Insurers unless countersigned on the Declarations page by an authorized representative of such corporation.

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Gestas, inc.  
(On behalf of the subscribing Insurers)

Applications for Undergraduates 1983-1984

This is an update on the number of applications submitted by Undergraduates for the insurance benefits described in the CDA membership booklet.

| <u>Faculty</u> | <u>Applications</u> | <u>Units of Insurance</u> |
|----------------|---------------------|---------------------------|
| U. of B.C.     | 5                   | 19                        |
| U. of A.       | 3                   | 13                        |
| U. of S.       | 2                   | 10                        |
| U. of Man.     | 2                   | 2                         |
| Western U.     | 7                   | 17                        |
| U. of T.       | 6                   | 19                        |
| U. of Mtl.     | 31                  | 62                        |
| McGill U.      | 4                   | 17                        |
| Laval U.       | 2                   | 5                         |
| Dalhousie U.   | <u>2</u>            | <u>10</u>                 |
|                | 64                  | 173                       |

## NO COST GRADUATE INSURANCE - 1984

Enrollment To-Date Compared To The Previous Years

| <u>University</u> | <u>1981 %</u> | <u>1982 %</u> | <u>1983 %</u> | 1984            |                 |
|-------------------|---------------|---------------|---------------|-----------------|-----------------|
|                   |               |               |               | <u>Eligible</u> | <u>Enrolled</u> |
| U. B.C.           | 92            | 100           | 83.3          | 29              | 20              |
| U. of A.          | 95            | 100           | 100           | 45              | 45              |
| U. of S.          | 94            | 100           | 100           | 22              | 18              |
| U. of Man.        | 95            | 100           | 94.4          | 24              | 9               |
| Western           | 63            | 80            | 75            | 54              | 0               |
| U. of T.          | 86            | 83.5          | 83.5          | 68              | 2               |
| McGill            | 84            | 100           | 72.9          | 36              | 8               |
| U. of Mtl.        | 78            | 94.4          | 89.6          | 61              | 0               |
| Laval             | 87            | 87            | 100           | 26              | 0               |
| Dalhousie         | <u>85</u>     | <u>95.5</u>   | <u>100</u>    | <u>24</u>       | <u>10</u>       |
|                   | 83.7          | 91.2          | 89.6          | 389             | 112             |

Close to 30% of the 1984 Graduates have applied for the No cost Graduate Insurance offered by the Canadian Dental Association.

By the end of February, all of the dental faculties will have been contacted and meetings held with the Graduates.

The Graduate Insurance Package is an excellent base for a future insurance program and all 1984 Graduates are invited to apply for this NO COST package.

CJG/pso

1984 1 20

## APPLICATION STATISTICS COMPARISON

TO DECEMBER 31, 1983, 1982, 1981, 1980BY APPLICATION

|           | <u>1983</u>         | <u>1982</u>         | <u>1981</u>         | <u>1980</u>         |
|-----------|---------------------|---------------------|---------------------|---------------------|
| January   | 405                 | 409                 | 335                 | 280                 |
| February  | 265                 | 333                 | 247                 | 242                 |
| March     | 257                 | 249                 | 198                 | 167                 |
| April     | 158                 | 143                 | 144                 | 132                 |
| May       | 134                 | 117                 | 141                 | 249                 |
| June      | 182                 | 174                 | 193                 | 217                 |
| July      | 145                 | 184                 | 64                  | 137                 |
| August    | 117                 | 157                 | 132                 | 159                 |
| September | 210                 | 204                 | 251                 | 159                 |
| October   | 173                 | 226                 | 173                 | 271                 |
| November  | 163                 | 237                 | 213                 | 202                 |
| December  | <u>278</u>          | <u>208</u>          | <u>324</u>          | <u>277</u>          |
| TOTAL     | <u><u>2,487</u></u> | <u><u>2,641</u></u> | <u><u>2,415</u></u> | <u><u>2,492</u></u> |

APPLICATION STATISTICS COMPARISON  
TO DECEMBER 31, 1983, 1982, 1981, 1980

NEW PREMIUM \$ BY PLAN

|                | <u>1983</u> | <u>1982</u> | <u>1981</u> | <u>1980</u> |
|----------------|-------------|-------------|-------------|-------------|
| Life           | \$227,345   | \$252,353   | \$210,398   | \$236,019   |
| Dependent Life | 18,227      | 17,095      | 16,111      | 15,735      |
| AD & D         | 27,303      | 32,738      | 37,251      | 31,799      |
| LTD            | 396,454     | 479,702     | 419,173     | 372,321     |
| O/O            | 197,867     | 189,319     | 181,672     | 176,565     |
| O/C            | 115,227     | 102,768     | 94,145      | 88,536      |
| B.I.           | 36,682      | 27,785      | 34,236      | 26,270      |
| CGL            | 14,118      | 2,790       | 2,179       | 2,058       |
| MLP     Basic  | 41,385      | 43,643      | 32,187      | 37,500      |
| Excess         | 9,716       | N/A         | N/A         | N/A         |



APPLICATION STATISTICS COMPARISON  
TO DECEMBER 31, 1983, 1982, 1981, 1980

BY PLAN

|                       | <u>1983</u> | <u>1982</u> | <u>1981</u> | <u>1980</u> |
|-----------------------|-------------|-------------|-------------|-------------|
| Life                  | 870         | 1,051       | 927         | 970         |
| Dependent Life        | 193         | 184         | 196         | 200         |
| AD & D                | 502         | 607         | 648         | 608         |
| LTD                   | 975         | 1,165       | 1,079       | 965         |
| O/O                   | 606         | 555         | 633         | 624         |
| O/C                   | 531         | 438         | 483         | 483         |
| Business Interruption | 378         | 281         | 385         | 335         |
| CGL                   | 346         | 415         | 376         | 372         |
| MLP - Basic           | 267         | 489         | 413         | 482         |
| - Excess              | 347         | -           | -           | -           |

CDA RRSPIMPORTANT NOTICE

The enclosed statement indicates the status of your account as at 30th November, 1983. Also enclosed is a form requesting beneficiary designation. Please complete the applicable section of the form and return to C.D.S.P.I. in the enclosed envelope no later than the 15th of January, 1984. Should a correct beneficiary designation appear on your statement it is NOT necessary to complete Part 2 of the form.

Contributions for the current tax year should now be under consideration and the enclosed form can also be used for that purpose.

CDA R.R.S.P. Communique - December 1983.

There has been some comment regarding the format of the statement and we understand that some of you would prefer to see it more condensed. This is under consideration and we appreciate the need to minimize enclosures as much as possible - for example, the current enclosures are more than can usually be expected but are necessary because of the additional information we must have in order to ensure our records are up to date and as you require.

In your CDA Retirement Savings Plan brochure you will find details of each fund and its method of operation. To a varying degree all funds are subject to fluctuations in the capital marketplace. In this sense, "Fixed Income" should be understood as the fund provides a consistent income but does have moderate volatility. The Money Market Fund is also subject to fluctuations in the capital markets but it does offer greater security of principal and interest income as its investments are on a short term basis. The Equity Fund provides the possibility of more significant capital growth over the longer term but does have a higher volatility over the short term. The Balanced Fund is a combination of all of the aforementioned.

With relatively low inflation and a moderate economic recovery, it is unlikely that interest rates will rise significantly from current levels during the next three to six months. The stock market has recovered much of its October slide during the last weeks of November. In light of expected earnings growth for 1984/1985, and based on current indicators, continued growth can be anticipated during the next 12 to 18 months.

Once again, we should point out that these general comments are an overview of the Canadian economy as perceived by the Imperial Life Investment Managers. Your investment in the CDA R.R.S.P. is a personal decision and no specific recommendation as to fund selection is intended.

NAMING YOUR BENEFICIARY

Upon examination of your statement, you will see that the beneficiary has not been named. It is important that this receives your attention, and the enclosed form should be completed, signed, and returned to CDSPI so that we can ensure our records indicate to whom the benefits are to be paid in the event of death.

In most cases, it is advisable to name your spouse as beneficiary, as the proceeds can then be transferred to the spouse's R.R.S.P. without attracting income tax. You can make this designation in your will or on the enclosed form--for clarity, we recommend that you complete the form, whether you name as beneficiary your spouse, your estate, or some other person.

Should you name your estate as beneficiary, the proceeds would be subject to the usual executors' fees and income tax before distribution. There are provisions for tax free transfers to children or grandchildren in certain circumstances, and we suggest that you refer to the CDA brochure for more details of this aspect.

FAILING RECEIPT OF YOUR DESIGNATION, PROCEEDS WILL BE PAYABLE TO YOUR ESTATE FOR DISTRIBUTION BY WILL.

You will appreciate that these remarks are general in nature and may not be applicable to your particular circumstance. In order to ensure that proceeds are distributed as you require, it is important that you receive qualified, independent, legal, advice when it involves beneficiaries, the impact of your will, and the distribution of your assets on death.

CANADIAN DENTAL ASSOCIATION REGISTERED RETIREMENT SAVINGS PLAN

Each year about this time, CDSPI as administrator of your plan provides a gentle reminder that it is time to begin planning your contributions to your retirement savings plan. February 29, 1984 is the final date for contributions to the CDA Registered Retirement Savings Plan for the 1983 Taxation Year. Contributions received after that date must be credited to 1984.

We are, also, taking this opportunity to ensure that your beneficiary designation is on our records and will appear on future statements (see below and attached).

Please indicate the allocation of your enclosed contribution and return this form with your cheque. If no change is indicated, your contribution will be allocated the same as the last contribution. This change will not affect current holdings.

|                      |                          |
|----------------------|--------------------------|
|                      | %                        |
| 1) ACCOUNT NO. _____ | FIXED INCOME FUND _____  |
| NAME: _____          | COMMON STOCK _____       |
|                      | EQUITY FUND _____        |
| ADDRESS: _____       | MONEY MARKET FUND _____  |
| _____                | BALANCED FUND _____      |
| _____                | TOTAL CONTRIBUTION _____ |
|                      | ENCLOSED _____           |

2) BENEFICIARY DESIGNATION

To the extent permitted by law, I reserve the right to alter or revoke the beneficiary designation.

- (a) This will revoke any previous designation.
- (b) All moneys which become payable under Imperial Life's Group Contract No. GA 8463, by reason of a member's death shall be payable to the following beneficiary, if living, otherwise to my estate.

Beneficiary's Name: \_\_\_\_\_

Relationship: \_\_\_\_\_

Dated the \_\_\_\_\_ day of \_\_\_\_\_, 198\_\_.

Signature of Applicant: \_\_\_\_\_

Please Print Name: \_\_\_\_\_

Account No. \_\_\_\_\_ S.I.N. No. \_\_\_\_\_

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## STUDENT AFFAIRS

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### REPORT OF THE COUNCIL ON STUDENT AFFAIRS TO THE INTERIM MEETING OF THE BOARD OF GOVERNORS 1984

#### Council Members:

Mr. Tim Barker, Chairman, University of Saskatchewan  
Mr. Roger Hind, University of British Columbia  
Miss Jennifer Côté, University of Alberta  
Mr. Dan Beck, University of Saskatchewan  
Mr. Al Puma, University of Manitoba  
Mr. Rob Graham, University of Toronto  
Mr. Al Gusenbauer, University of Western Ontario  
Mr. Bernard Jolicoeur, Université Laval  
Miss Eileen Margossian, Université de Montréal  
Mr. Greg Lovely, Dalhousie University  
Mr. Jeff Indig, McGill University  
Mr. Ed. Busvek, University of Toronto  
Dr. Alain Thivierge, Ottawa, Ontario  
Dr. Dave McLeod, Golden, B.C.  
Dr. B. W. Holmes, Executive Council Liaison, Kenora, Ontario

#### 1. Council Meetings

The Council has met once since the last Board meeting on October 1st, 1983 in Vancouver.

#### A. Information not Requiring Board Action

#### 1. Practice Management Manual

Council is pleased to report that the Practice Management Manual is in the final stages of production, having been critiqued by the teachers of Practice Administration at the dental faculties, edited twice and reviewed by the Executive Council. Our target distribution date is March 1984 to all 1983 and 1984 CDA graduate members and hereafter to all CDA student members in their penultimate year of study. It is Council's recommendation that CDA student members receive this manual as a membership benefit. In keeping with CDA's policy on membership services, it is Council's suggestion that the CDA Practice Management Manual be available to CDA dentist members at production cost and to non-members at cost plus administration charges.

Council hopes to undertake translation of the Manual for French language students in 1984.

#### *Executive Council agrees:*

*THAT the CDA student members receive the Practice Management Manual as a membership benefit and that the Manual be available to CDA dentist members at production costs and to non-members at cost plus administration charges.*



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A. Information not Requiring Board Action (Cont'd.)

2. Long Term Disability Insurance for Students

Council expressed concern about the lack of long term disability insurance available to students. Council has requested that CDSPI investigate the feasibility of this type of insurance coverage.

3. Student Table Clinic Program

Council reiterated its hope that students selected by the faculties to participate in the annual clinician program are undergraduates at the time of presentation at the annual convention. In past years some faculties have selected students who are graduates at the time of presentation.

4. Student Input in the CFDE

Council felt that student awareness of the CFDE was most important and that the CSA should endeavour to promote the CFDE among dental students. Council continues to feel that it might be advantageous to have a representative attend a meeting of the CFDE to discuss ways in which student awareness of the CFDE could be enhanced.

5. Council Representation on the Membership Committee

In an endeavour to encourage new graduates to continue their support of the CDA after graduation, Council is investigating ways in which past members of Council can serve on the Membership Committee.

6. Hepatitis B Vaccine - Immunization Program for Dental Students

Council discussed the Hepatitis B vaccine presently available to the dental profession, and the immunization program at certain dental faculties. Council expressed some concern about the vaccine and is obtaining further information on the costs and alternatives available to dental students.

7. Council Guidelines

Council has recently completed an internal procedures manual to regulate Council activities and ongoing business matters.

8. Membership Dues

Council has recommended to the faculties that the collection of CDA fees take place, where possible, with the collection of Dental Student Society fees.

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A. Information not Requiring Board Action (Cont'd.)

9. CDSC.84

Council is actively planning the 1984 Students' Conference, which is scheduled to take place in Montreal from September 26 to 29, 1984.

10. Student Newsletter

Dento-Forum continues to be an ongoing student publication after each Council meeting. Our latest issue was published in December 1983 as a summary of our fall activities.

11. Representatives to Additional Meetings

In keeping with past representation to other Councils and Committees, the CSA will once again send representatives to the following organizations:

- the National Dental Examining Board of Canada
- the Association of Canadian Faculties of Dentistry
- the American Student Dental Association
- the CDA Council on Education
- CDSPI

Council is appreciative of the opportunity for ongoing liaison with these groups and organizations.

SUMMARY

Again, this year Council continues to be actively involved in dental student affairs across Canada.

Our broad based representation of all dental faculties and our involvement with various facets of organized dentistry allow us the opportunity to promote effective two-way communication between dental students and the CDA.

As always, Council is very appreciative of the ongoing interest and support provided it by the Board and Executive Council of the Canadian Dental Association throughout the years.

Respectfully submitted,  
Tim Barker, Chairman.

ADOPTION OF REPORT

*The Board of Governors receives the report of the Council on Student Affairs with appreciation.*

## ASSOCIATION OF CANADIAN FACULTIES OF DENTISTRY

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### REPORT TO THE 1984 INTERIM BOARD OF GOVERNORS

We welcome this opportunity to report to the Board of Governors on some of the actions of the Association of Canadian Faculties of Dentistry/ L'Association des facultés dentaires du Canada, during the last few months.

#### (a) Annual Meeting

The Executive Council, House of Delegates, the Research and Education Committees, as well as The Section of Dental Hygiene Educators will meet at Gull Harbour Resort, Hecla Island from June 10th to 16th, 1984. The XIII Biennial Conference on Canadian Dental Research and Education, will be held during this period on June 12th, 13th and 14th.

#### Research Component

The general theme of the 1984 Conference on Dental Research will be "Computer Imaging in Dentistry". Two half-day sessions will be devoted to the application of this new technology to dental research. The third session will be oral presentations by novice investigators from Canadian schools involved in recent research.

The fourth session will be poster presentations of recent dental research by Graduate students and faculty members.

#### Education Component

The program for the Conference on Dental Education is planned as follows:

First half day - Educational Innovations Presentations

Second half day - Workshop on "Why Failing Students Pass"

Third half day - Workshop continued with Interim Reports from Group Leaders

Poster Session - These will be presented over the three days of the Conference at the same time as the Research Poster Session, and in the same location.

It is expected that approximately 125-150 persons will be in attendance. Invitations have been extended to the President, Executive Director and Director of Accreditation of CDA to attend.

(b) Officer

The Executive Council elected Dr. Marcia Boyd as Vice-President and Treasurer of A.C.F.D./A.F.D.C.

(c) CDA Teaching Conference

It is noted that the 1983 Teaching Conference on the Teaching of Practice Management under the Chairmanship of Dr. Roger L. Ellis was successfully presented in Vancouver. The 1984 Conference topic and chairmanship, as proposed by this Association was accepted, and should be a valuable conference. Dr. Dennis Smith is well qualified to co-ordinate this workshop on Dental Biomaterials.

(d) Continuing Education

The importance of continuing education in dentistry is growing rapidly, and A.C.F.D./A.F.D.C. is deeply involved in this field. The great majority of presenters of Continuing Education courses are the academic personnel of our Canadian Faculties, many of whom are also doing both the basic and clinical research which forms the basis for presentation in continuing education. We are concerned about the proliferation of proprietary continuing education courses throughout North America. The Canadian Dental Association and A.C.F.D. should work together to ensure that the quality of continuing education in this country is maintained at a high level. To this end, the Education Committee of A.C.F.D. is prepared to co-operate and assist the Committee on Continuing Education of the CDA.

(e) Research

In our last report to the Board of Governors, it was indicated that an Ad Hoc Committee on Dental Research Strategies had been formed. We are pleased that the CDA through its Executive Director, has supported the proposal from this group for the funding of a working group on dental research strategies. It is as a result of our collective efforts that this has been achieved.

The Research Committee is assembling its annual survey of dental research funding and this information will be made available to CDA.

(f) Education

Among the many matters being investigated by the A.C.F.D. Education Committee are:

- National Survey of Occupational Health Hazards in Dentistry.
- Three-year follow-up on the 1983 Geriatric Dentistry Conference.
- Review of dental undergraduate curricula.
- A Canadian study on the dental health status of adults.
- A summer teaching institute.

(g) Mandatory Prelicensure Period

A.C.F.D. initiated a Study on this matter in 1982. Dr. Jean-Paul Lussier conducted this investigation and reported to the A.C.F.D. Executive Council. Dr. Lussier is also acting on a like ad hoc committee of the Council on Education.

(h) Appreciation

The Association of Canadian Faculties of Dentistry/L'Association des facultés dentaires du Canada would like to express sincere appreciation for the continued spirit of co-operation in the interests of dental education and research, and dentistry in general, which exists between the two organizations.

Respectfully submitted,

G. W. Thompson, President  
Association of Canadian  
Faculties of Dentistry/  
L'Association des facultés  
dentaires du Canada

ADOPTION OF REPORT

*The Board of Governors receives the report of the Association of Canadian Faculties of Dentistry for information and it was recommended that Dr. Bentley, Chairman of the CDA Council on Education discuss with the President of the ACFD items mentioned in Section (D) of this report.*

## Canadian Fund for Dental Education

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### Report to the 1984 Interim Board of Governors

1. It is with a great deal of pleasure and pride that I present this report to you. While our records for 1983 have not been audited at the time of writing (January 30), I have no doubt that the information provided is accurate and will not be changed.

#### 1983 Results

2. I am particularly pleased to let you know that personal gifts from dentists to our general fund reached a record high of \$79,861, which represents an increase of 10.7% over the previous year.
3. Contributions from business & industry totalled \$86,551, also a new record and a 2% increase over 1982.
4. Dental organizations contributed a total of \$13,358, 14.5% more than in 1982, and gifts to the living memorial fund were \$9,427, an increase of 18.8% over 1982.
5. Personal gifts from dental hygienists were \$997 in 1983 as compared with \$1,348 in the previous year. However, CFDE received excellent support from the national, provincial and many local dental hygiene societies.
6. \$55,421 was received in investment income last year, which is \$4,174 or 8.1% more than in 1982. Although interest rates were considerably lower in 1983, we were able to reinvest a substantial amount in Royal Trust investment certificates at a higher rate than was previously enjoyed.
7. It is a pleasure to report that a much appreciated endowment contribution of \$8,225 was received from Rhône Poulenc in 1983. The Company directed that the annual income from the endowment be used for educational programs as decided by the Trustees.
8. The only area that recorded a substantial decrease in 1983 is sundry income. It will be recalled that in 1982 a total of \$19,631 was received, most of which (\$18,423) as a result of two fellowship recipients electing to repay their grants in full due to unfulfilled teaching commitment. In 1983 sundry income was \$4,926.
9. Total income from all sources in 1983 amounted to \$258,906, an increase of 2.6% over the previous year. Eliminating sundry income in both years, the increase is 9.2%. This, I am sure you will agree, is excellent progress.



### Disbursements/Grants

10. You will be pleased to learn that in 1983 a total of \$138,549, or \$2,656 more than in 1982, was invested in grants for dental educational and research programs.
11. In fact, grants approved for 1983 were over \$12,000 more than was actually paid. This decrease is primarily due to a substantial reduction in the expenses for the annual Students' Conference and the CDA/Dentsply Student Clinician Program and the elimination of a fellowship because of MRC support.
12. Contributions supported the following projects in 1983:
 

|                                                                                                |           |
|------------------------------------------------------------------------------------------------|-----------|
| Teacher Training Fellowships (Dentists & Hygienists)                                           | \$ 57,000 |
| Unrestricted Grants to Dental Schools                                                          | \$ 15,000 |
| Teacher Training Awards to Four Dental Schools<br>(Income from L.E. MacLachlan Endowment Fund) | \$ 10,040 |
| Dental Student's Conference and CDA/Dentsply Student<br>Clinician Program                      | \$ 14,543 |
| Dental Teaching Conference                                                                     | \$ 8,000  |
| Support for Undergraduate Dental Students                                                      | \$ 10,000 |
| Symposia/University of Manitoba & Dalhousie                                                    | \$ 5,700  |
| Research Projects/Univ. of Toronto & Western Ontario                                           | \$ 6,950  |
| Dental Hygiene Educators Workshop & ODHA<br>Educational Projects                               | \$ 3,991  |
| CDA Dental Health Month                                                                        | \$ 2,000  |
| Sundry Awards                                                                                  | \$ 5,325  |

### Disbursements/Operating Expenses

13. It is most gratifying to report to you that operating expenses for 1983 were \$93,955 or \$17,385 (15.6%) less than in the previous year. This considerable decrease is mainly due to a reduction in salary and rental costs.
14. As indicated above, grants for 1983 totalled \$138,549 and expenses in connection with them were \$19,152.
15. Management and fund raising expenses in 1983 as a percentage of income amounted to 28.9% as compared with 34.7% in 1982. A reduction of 5.8% is a truly noteworthy accomplishment and the Trustees and staff are justifiably proud of this achievement.



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#### Review and Management Committee Meeting

16. Since reporting to you last fall, a CFDE Review and Management Committee meeting was held on December 10, 1983, and I wish to comment on the decisions made at that time.
17. The reports from the four schools benefiting from the Lorne E. MacLachlan Endowment Fund were reviewed and it was agreed that all expenses listed qualified under the terms of the Endowment. Consequently a resolution was passed to distribute the income from the Endowment for the year September 1, 1982 to August 31, 1983.
18. An application from ACFD for a grant to assist with the funding of the 13th Biennial Conference on Dental Research and Education to be held in June 1984 was considered and a grant of \$12,500 approved for the meeting. As you know, CFDE has supported the Biennial Conference since 1968.
19. The Committee considered a request from the Canadian Academy of Periodontology to help fund a teaching conference in April 1984. Since CFDE has for many years supported an annual CDA teaching conference, it was felt that a grant from CFDE's general funds could not be approved for the Periodontology meeting. However, an effort is being made to interest several companies in making a special gift to CFDE in support of this meeting.
20. A request for funds in support of the Program in Dental Implantology at the University of Toronto had been received and Mr. Rutherford, CFDE Vice-Chairman, informed the Committee that he had been able to find a corporate sponsor willing to make a special contribution and, therefore, the Committee approved a corresponding grant.
21. In 1978 CFDE provided a grant to Dr. J. Reid at the University of Western Ontario for his research into "drywall construction as a dental radiation barrier". Dr. Reid's findings as a result of this research have now been published. In late 1983 Dr. Reid submitted another application for support with a research project entitled "contribution to a data base for the assessment of the radiation to the public from dental X-rays". In view of the potential benefit to the practising dentists, the Committee was pleased to approve a grant of \$2,000 in support of the project.
22. The Committee reviewed the initial correspondence with Dr. J. Hardie, Scientific Chairman of the 1985 CDA Convention, with regard to funding graduate student presentations at that Convention. On the basis of the available information, the request was reluctantly denied. However, I am able to report that subsequent to the Committee meeting, the CFDE staff met with Dr. Hardie and learned that the program had been worked out in more detail since corresponding with him last summer and that he is now in position to provide more precise information. In the light of this, it was recommended to Dr. Hardie to submit another request for consideration at the CFDE annual meeting.

- 
23. At my request Dr. Arthur Schwartz, President, and Dr. George Myers, Executive Director, of the Association of Canadian Faculties of Dentistry joined the meeting for a discussion of matters of mutual interest. Two topics were focused on -- (a) ACFD assistance in raising funds for CFDE and (b) ACFD projects for funding by CFDE. Both subjects will be discussed again at the Fund's 1984 annual meeting.
  24. Keeping in mind that a major portion of CFDE's income is received in gifts from the dental profession and in view of reports that a number of dentists are not fully booked, the Committee agreed that CFDE should address itself to the promotion of dental awareness in the public.
  25. The Committee suggested contacting CDA to ascertain how CFDE can be of help in promoting the value of good dental health to the public within the framework of the Association's dental health month.
  26. CDA officials welcomed the Fund's interest, and while most of the promotion for the 1984 dental health month was in place at the end of 1983, they recommended one area in 1984 for CFDE to participate in. Accordingly, the Committee was pleased to approve a grant of \$2,000 in support of CDA's 1984 dental health month.
  27. The subject of promoting dental awareness in the public will be discussed again at CFDE's 1984 annual meeting and the Trustees will welcome the opportunity of more fully discussing with CDA the possibility of working together in this area for the benefit of the profession.
  28. I reported to the Committee that while attending the American Dental Association meeting in California last fall, I had the pleasure of listening to an address by Dr. William F. May on professional ethics. I was so impressed that subsequently I asked Dr. May if he would be interested in lecturing at Canadian dental schools. I will pursue the matter further with Dr. May and the dental school deans and will report to the Trustees at the 1984 annual meeting.
  29. In 1978 CFDE prepared a bilingual booklet on estate and endowment contributions which, together with an appropriately worded letter, was forwarded in 1979 and 1982 to dentists across the country who graduated 25 years or more ago. While it is difficult to assess the ultimate success of the mailings, so far they have resulted in three known bequests to the Fund, one of \$500 and one of \$1,000, both of which have now been received. The third bequest is for two out of twenty equal shares of an estate valued at \$444,000 in October of 1980. It is to be expected that CFDE has been included in the estate planning of many doctors of which we will hear more in due course.
  30. The Committee directed that a further mailing with regard to estate and endowment contributions, including a revised booklet, be forwarded in the spring of 1984 to doctors who graduated 25 years or more ago.

31. The Committee also agreed to explore the possibility of deferred giving through insurance companies.

Appreciation

32. I would like to take this opportunity to express the Trustees' sincere appreciation to each and everyone who has made the Fund's programs possible in 1983.
33. Our special thanks go to the Presidents and Officers of the National and Provincial Dental Associations for the help they have given us in so many ways last year. Their generous assistance is of significant importance to CFDE's success and we look forward to receiving it again in 1984.

Respectfully submitted,

David K. Peters, D.D.S.  
Chairman  
CFDE Board of Trustees

ADOPTION OF REPORT

*The Board of Governors receives the report of the Canadian Fund for Dental Education with appreciation.*

## NATIONAL DENTAL EXAMINING BOARD OF CANADA

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### REPORT TO THE 1984 INTERIM BOARD OF GOVERNORS

#### I EXAMINATIONS

The 1984 examination schedule is as follows:

|                                                    |           |                                |
|----------------------------------------------------|-----------|--------------------------------|
| Comprehensive (written, preclinical<br>& clinical) | May 14-31 | Univ. of Montreal              |
| Preclinical & Clinical                             | Aug. 7-16 | Univ. of Manitoba              |
| Written                                            | Oct.15-17 | selected university<br>centres |

Examination statistics appear in Appendix I.

#### II CERTIFICATION REQUIREMENTS FOR GRADUATES OF CANADIAN DENTAL SCHOOLS

1. A major change has taken place in the Province of Quebec in regard to licensure requirements for current Canadian graduates. Out-of-province graduates must now be successful in the NDEB written and clinical examinations in order to be licensed. The Order of Dentists of Quebec has discontinued all examinations.
2. The Board approved the following By-law change effective January 1, 1984:
  - 8.02 "A graduate of an undergraduate dental program in Canada approved by the Council on Education of the Canadian Dental Association who does not make a proper application prior to March 31 in the year of his graduation must take the written and clinical examinations of the Board and if successful will be granted the certificate of the Board. If such a person is a licensed dentist, he must in addition provide proof that, he is in good standing with a provincial dental licensing authority."

In favour: nine provinces and two  
CDA representatives

Against: the province of Manitoba

In the case of current graduates, the Board will undertake to inform by registered mail those students who have not applied by the deadline date, and permit a 30-day extension of the deadline for receipt of the application for certification without examination.

### III FEDERAL COURT OF APPEAL CASE

For the first time in the Board's 31-years of existence an unsuccessful candidate challenged the Board in the Federal Court of Appeal.

The Board was challenged in the following areas:

- (1) The Board's right to determine certification requirements and to utilize examinations and the accreditation process as a means of certification.
- (2) The appeal mechanism of the Board.
- (3) Disclosure by the Board.
- (4) Credibility of the Board's examiners.
- (5) Board's compliance with Item 6(2)(b) of the Canadian Charter of Rights & Freedoms.

The judgement of the Court was in the Board's favour. The Court's decision was that the applicant had not shown any basis upon which the Court would be justified in overruling the decision of the Board.

### IV STANDING COMMITTEE ON ACCREDITATION

In regard to this committee the Board passed the following motion:

WHEREAS the NDEB is responsible, under its Act, for accreditation as it applies to, or affects, the awarding of the NDEB certificate

AND

WHEREAS the Board utilizes two methods for certification, namely accreditation and examinations

AND

WHEREAS the Board has established standing committees for the purpose of reviewing various examinations,

IT IS MOVED that the Standing Committee on Accreditation also be established. This Committee shall consist of three persons and include the NDEB representatives to the CDA Council on Education.

## V CDA COUNCIL ON EDUCATION

At its Annual Meeting last year, the Board had asked Dr. Bentley, Chairman of Council, to prepare an overview of the background, purpose, structure, operation and future of the Council on Education.

Dr. Bentley made his presentation and stressed the voluntary aspect of accreditation and the philosophy of the Council, which is to establish whether a program meets minimum standards rather than to standardize teaching programs between Canadian dental schools.

## VI PROPOSED CDA COUNCIL ON ACCREDITATION

In response to a request made at the CDA Board of Governors meeting in September 1983 the NDEB approved the following motion:

WHEREAS the Board utilizes the accreditation process for purposes of certification

AND

WHEREAS in doing so the Board assumes the legal responsibility for awarding its certificate to graduates of Canadian dental schools based upon the accreditation process

AND

WHEREAS the Board must have, and must appear to have, a meaningful voice in the accreditation process,

IT IS MOVED that the Board request an opportunity to make a presentation to the CDA Ad Hoc Committee on Hospital Services expressing the following concerns:

- (1) that NDEB representation on the Council on Accreditation be increased from one to two members
- (2) that both of the members mentioned in (1) be members of the Committee on Undergraduate, Graduate and Postgraduate Education
- (3) that members on the Council on Accreditation appointed by NDEB be eligible for chairmanship of the Council AND
- (4) that in order for CDA representation on the NDEB to comply with the Board's Act of Parliament, the CDA define the Council on Accreditation as being successor to and fulfilling the responsibilities of the Council on Education.



## VII ACCREDITATION STUDY REPORT

The Board had asked the Chairman of the Accreditation Study Committee to attend the meeting and present the report. Dr. W. G. McIntosh presented the report and stressed the fact that the survey represented opinions only.

The Board decided to distribute the Report to the members of CDA Board of Governors and Council on Education before a wider distribution on January 1, 1984.

## VIII SELF-ASSESSMENT EXAMINATION

The Board had invited a speaker to its annual meeting, namely, Dr. Ayres D'Costa, an educational expert and scholar, Associate Professor, Department of Education, Theory and Practice, College of Education, Ohio State University. Dr. D'Costa presented a computer-assisted learning and self-evaluation proposal.

The Board referred the Self-Assessment Examination proposal to its committee on Written Examinations.

## IX NDEB/RCDC

The Board received a report from the President of the RCDC.

## X STUDENTS

The observer from the CDA Council on Student Affairs presented a report and stressed the value of the liaison with the NDEB.

## XI FINANCES

The Board approved a five percent fee increase.

## XII COMMITTEES OF THE BOARD

The Board approved the following committees for 1984:

### EXECUTIVE COMMITTEE

|                |                                        |
|----------------|----------------------------------------|
| President      | Dr. W. J. O'Driscoll                   |
| Vice-President | Dr. R. B. Gilliland                    |
| Past-President | Dr. R. Coulombe (until Jan. 1/84)      |
| Members        | Dr. H. M. Dick                         |
|                | Dr. B. Goldberg                        |
|                | Dr. R. E. Jordan (effective Jan. 1/84) |



WRITTEN EXAMINATION  
COMMITTEE

Chairman

Dr. E. R. Ambrose  
Dr. G. S. Beagrie  
Dr. R. B. Gilliland

PRECLINICAL & CLINICAL  
EXAMINATION COMMITTEE

Chairman

Dr. R. Coulombe  
Dr. R. E. Jordan  
Dr. N. J. Layton  
Dr. D. B. Proctor

CHIEF EXAMINERS

Dr. R. Coulombe  
Dr. D. B. Proctor

BY-LAWS COMMITTEE

Dr. C. LeBlanc

APPEALS COMMITTEE

Chairman

Dr. R. E. Jordan  
Dr. H. M. Dick  
Dr. R. B. Gilliland

CDA COUNCIL ON EDUCATION

Dr. N. J. Layton

NDEB APPOINTEES TO SURVEYS  
OF UNDERGRADUATE PROGRAMS

University of B. C.  
Oct. 24-28, 1983

Dr. R. B. Gilliland

University of Western  
Ontario  
Jan. 30 - Feb. 2, 1984

OR Dr. E. R. Ambrose  
Dr. P. M. Jackin

ACCREDITATION COMMITTEE

Chairman

Dr. N. J. Layton  
Dr. H. M. Dick  
Dr. R. B. Gilliland

### XIII CERTIFICATES OF MERIT

The President presented certificates of merit to three Board members who are retiring on December 31, 1983.

Dr. R. Coulombe  
Dr. N. J. Layton  
Dr. R. B. McAlpine

### FUTURE MEETING DATES

Annual Meeting - November 12 & 13, 1984.

Executive Committee Meetings - April 29 & 30, 1984

and

November 11, 1984

Respectfully submitted,

G. Kravis, D.D.S.  
Registrar  
National Dental Examining  
Board of Canada

### ADOPTION OF REPORT

*The Board of Governors receives the report of the National Dental Examining Board of Canada with appreciation.*

## THE ROYAL COLLEGE OF DENTISTS OF CANADA

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### REPORT TO THE 1984 INTERIM BOARD OF GOVERNORS

The College was again pleased to hold its annual meeting and other functions in conjunction with the Canadian Dental Association Annual Meeting in Vancouver in September, 1983. We are most grateful to the CDA staff who made such excellent arrangements for us in the Hotel Vancouver.

At our meeting I was appointed President of the College and Dr. M.J. Crompton of Moncton, N.B., (a former CDA President) was appointed Vice-President. Both terms are for the period 1983-85. Dr. Simon Weinberg was elected to the Council as one of the two representatives for the specialty of Oral and Maxillofacial Surgery for a three-year term. The current Council of the Royal College of Dentists is as follows:

|                   |                                 |                    |
|-------------------|---------------------------------|--------------------|
| K. J. Paynter*    | President                       | Kingston, Ontario  |
| J. H. P. Main*    | Past-President                  | Toronto, Ontario   |
| M. J. Crompton*   | Vice-President                  | Moncton, N.B.      |
| J. W. Stamm*      | Examiner-in-Chief               | Montreal, Quebec   |
| J. E. Speck*      | Registrar                       | Toronto, Ontario   |
| R. I. Brooke      | Pathology                       | London, Ontario    |
| A. H. Fenton      | Prosthodontics                  | Toronto, Ontario   |
| W. J. Fleming     | Dental Sciences                 | Toronto, Ontario   |
| D. W. Lewis       | Public Health                   | Toronto, Ontario   |
| J. S. Little      | Orthodontics                    | Edmonton, Alberta  |
| E. W. P. Luxford* | Oral & Maxillofacial<br>Surgery | Calgary, Alberta   |
| R. L. Moran       | Paedodontics                    | Toronto, Ontario   |
| M. D. Peikoff     | Endodontics                     | Winnipeg, Manitoba |
| D. W. Stoneman    | Radiology                       | Toronto, Ontario   |
| S. Weinberg       | Oral & Macillofacial<br>Surgery | Toronto, Ontario   |
| A. N. Winnick     | Periodontics                    | Toronto, Ontario   |

At the College's Convocation held on the 24th of September 1983 at the University of British Columbia, thirteen Fellowships and sixty-nine memberships were awarded. Honorary Fellowships were conferred on Dr. K.C. Bentley, Dean of the Faculty of Dentistry, McGill University, and Dr. Norman Ferguson, New Westminster, B.C. The annual dinner which followed the Convocation was held at the Capilano Golf and Country Club and was a great success.

The biennial Symposium held on September 26th on the subject of Periodontal Disease proved to be one of the best attended of any of the College's scientific presentations. An estimated 350 people heard presentations which ranged from basic cellular biology of the periodontal ligament

and the current status of microbiological knowledge in the field, to the development of teaching in periodontics and means of treating and preventing periodontal disease. The costs involved with the Symposium were borne by grants from Health and Welfare Canada, the Colgate-Palmolive Company and the John O. Butler Company. We are grateful to the Canadian Dental Association for its offer of support, and pleased for the sake of the Association that it was not necessary. We are also very grateful to the Association for its help in publicizing the Symposium through both the Journal and the Convention Program.

The College will hold its next annual meeting, convocation and annual dinner in Montreal in April, 1984, and its 1985 meeting in Ottawa, both in conjunction with the annual meetings of the Canadian Dental Association. In 1985 we shall again present a Symposium, the title of which has not yet been decided. However, we are in communication with the CDA Scientific Program Chairman for 1985 to ensure no conflict between the two programs.

In 1983 twenty-three specialists successfully passed the College Membership Examinations, and fifteen successfully completed the requirements for Fellowship. Membership examinations are held in June each year, those for Fellowship in December. The number of successful candidates are shown according to specialty and category of examination in the following table:

|                              | <u>Fellowship</u> | <u>Membership</u> |
|------------------------------|-------------------|-------------------|
| Endodontics                  | 3                 | 3                 |
| Oral & Maxillofacial Surgery | 5                 | 7                 |
| Oral Pathology               | -                 | 1                 |
| Oral Radiology               | 1                 | 1                 |
| Orthodontics                 | -                 | 4                 |
| Paedodontics                 | -                 | 2                 |
| Periodontics                 | 2                 | 5                 |
| Prosthodontics               | <u>4</u>          | <u>-</u>          |
| TOTAL                        | <u>15</u>         | <u>23</u>         |

We are very pleased with the continuing and steady growth in the number of Fellows and Members in the College. Following the April convocation at which fifty new Fellows and Members will receive certificates, total enrolment in the College will be 596 (343 Fellows and 253 Members). With numbers of this size we are now able to look at ways to increase our leadership role and services to our Fellows and Members, with spin-off benefits to other associations.

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We remain most grateful to the Canadian Dental Association for its support of the College, and we look forward to continued mutually beneficial association between our two agencies.

Respectfully submitted,

K. J. Paynter, D.D.S., Ph.D., F.R.C.D (C)  
President  
Royal College of Dentists of Canada

ADOPTION OF REPORT

*The Board of Governors receives the report of the Royal College of Dentists of Canada for information with thanks.*

## CANADIAN ACADEMY OF ENDODONTICS

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### REPORT TO THE 1984 INTERIM BOARD OF GOVERNORS

The annual meeting of the Canadian Academy of Endodontics was held in Winnipeg, Manitoba October 14-16, 1983. Members of the Winnipeg Dental Society joined with the Academy members to enjoy an excellent scientific session. Dr. William Christie of Winnipeg was scientific chairman.

On the day preceding the meeting representatives from all the Canadian dental schools Endodontic Departments met for the annual endodontic teacher's conference. This meeting was chaired by Dr. Marshall Peikoff.

The dates of future annual meetings were set as follows:

1984 - Lake Louise - Sept. 12-16/84  
1985 - Ottawa (in conjunction with CDA  
convention)

The Canadian Dental Association's meeting for specialty sections was attended by Dr. John Phillips of Oshawa, Ontario. It was an excellent and productive meeting with a good exchange of ideas and philosophies among the various specialty representatives.

The annual general meeting elected the following executive for 1983-84.

|                     |                                             |
|---------------------|---------------------------------------------|
| Past-President      | Dr. Michael Sherman, Hamilton, Ontario      |
| President           | Dr. Marshall Peikoff, Winnipeg,<br>Manitoba |
| President-elect     | Dr. Barry Korzen, Willowdale, Ontario       |
| Treasurer           | Dr. Fred Weinstein, Vancouver, B.C.         |
| Executive Secretary | Dr. John Phillips, Oshawa, Ontario          |

Respectfully submitted,

John M. Phillips  
Executive Secretary  
Canadian Academy of Endodontics.

### ADOPTION OF REPORT

*The Board of Governors receives the report of the Canadian Academy of Endodontics for information with thanks.*

## CANADIAN ACADEMY OF PAEDODONTICS

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### REPORT TO THE 1984 INTERIM BOARD OF GOVERNORS

#### EXECUTIVE:

Dr. W. J. Simpson, Edmonton, Past-President  
Dr. I. C. Bennett, Halifax, President  
Dr. F. Pulver, Toronto, President-elect  
Dr. A. F. Dungy, Ottawa, Secretary-Treasurer

1. The 1983 meeting was held in Vancouver at the Four Seasons Hotel on Sunday, September 24, 1983. In conjunction with the annual CDA meeting. It had originally been planned to meet in Calgary in July in conjunction with the Fifth Canadian Congress of Dentistry for Children. The change of our meeting was occasioned by the sudden cancellation of the Calgary meeting by the local steering committee.
2. Our next annual Academy meeting will be held in conjunction with the CDA in Montreal, April 9, 1984. Our invited Speaker will be Dr. Zia Shey of the Faculty of Dentistry of the University of New Jersey. He will also be participating in the main CDA convention program.
3. Our membership continues to grow slowly but steadily. We are approximately 110 strong now and have several applications pending.
4. The Academy is gearing itself up to host the 11th International Congress of Dentistry for Children which will be held in Toronto in June of 1987. Preparations for this meeting are well underway.
5. The Academy is currently engaged in dialogue with other interested groups to see if the biennial Canadian Congress on Dentistry for Children can be revived in spite of the Calgary failure. Current indications are that if such a revival is carried out the Congress would have to be appended in some fashion to the CDA meeting in Ottawa in September of 1985.

Respectfully submitted,

Dr. A. F. Dungy, Secretary-  
Treasurer  
Canadian Academy of Paedodontics

#### ADOPTION OF REPORT

*The Board of Governors receives the report of the Canadian Academy of Paedodontics for information with thanks.*



## CANADIAN ASSOCIATION OF ORTHODONTISTS

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### REPORT TO THE 1984 INTERIM BOARD OF GOVERNORS

The 35th annual meeting of the Canadian Association of Orthodontists was held in Vancouver from September 23 to 26, 1983. Elected to the Executive were:

|                                             |                                         |
|---------------------------------------------|-----------------------------------------|
| President                                   | Frank E. Shamy, Montreal, Quebec        |
| Past President                              | Robert N. Hicks, Vancouver, B.C.        |
| President-elect                             | Ian M. Milne, Ottawa, Ontario           |
| 1st Vice-President                          | Morley I. Bernstein, Winnipeg, Manitoba |
| 2nd Vice-President                          | Oleg S. Kopytov, Montreal, Quebec       |
| Executive Director &<br>Secretary-Treasurer | Jean-Louis Ares, Edmonton, Alberta      |

Other CAO Officers for 1983-84 include:

|                          |                                             |
|--------------------------|---------------------------------------------|
| <u>Newsletter Editor</u> | Walter J. Pilutik, New Westminster,<br>B.C. |
|--------------------------|---------------------------------------------|

#### Component Society Presidents

|                    |                                             |
|--------------------|---------------------------------------------|
| British Columbia   | Louis Metzner, Vancouver                    |
| Alberta            | Ronald R. Wolk, Calgary                     |
| Saskatchewan       | Glen A. Howard, Prince Albert               |
| Manitoba           | Morley I. Bernstein, Winnipeg               |
| Ontario            | Malcolm W. Yasny, Toronto                   |
| Quebec             | Antoine G. Beaumier, St. Lambert            |
| Atlantic Provinces | Donald A. Fitzpatrick, Saint John,<br>N. B. |

#### Committee Chairmen

|                        |                                         |
|------------------------|-----------------------------------------|
| Insurance              | Richard L. Pass, Burlington, Ontario    |
| Budget                 | Oleg S. Kopytov, Montreal, Quebec       |
| Membership             | Morley I. Bernstein, Winnipeg, Manitoba |
| Public Relations       | Oleg S. Kopytov, Montreal, Quebec       |
| Constitution & By-laws | Robert N. Hicks, Vancouver, B.C.        |
| Nomination             | Robert N. Hicks, Vancouver, B.C.        |

Membership in the Canadian Association of Orthodontists totalled 423 orthodontists as at September 25, 1983. This represents over 85% of all orthodontists registered in Canada.

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The annual meeting and scientific sessions attracted a record attendance of over two hundred, including one hundred and sixteen orthodontists. The Executive, under the very capable presidency of Dr. Robert Hicks, conducted a full schedule of business that was in keeping with the rapid growth of this increasingly active national organization. At the same time, our association was honored by having Dr. Hicks installed as President of the Canadian Dental Association.

A highlight of the CAO meeting was the Insurance Report which noted that all provincial component societies have commenced using the new CAO Information Form and Guidelines, available in both English and French languages. The majority of insurance carriers are happy with the new form, and very few claims problems arise if the forms are filled out according to the guidelines.

A joint meeting of the Executives of the Canadian and American Associations of Orthodontists will be held at the AAO meeting in Kansas City in May, 1984. This will provide an opportunity to discuss issues of common interest and to develop close liaison between the two national organizations.

Executive-Director Dr. J.L. Ares, of Edmonton, will retire on December 31, 1984. It has been decided to hire a paid executive-secretary to assume administrative duties that are now performed by the Executive-Director on a voluntary basis. The search for an executive-secretary is being co-ordinated by President-elect Dr. Ian Milne, of Ottawa.

The CAO publishes two newsletters per year. In the past, the newsletter was mailed to all orthodontists in Canada, and the last such issue was mailed in January, 1984. Beginning with the next newsletter, however, non-members of the CAO will no longer receive a copy of the CAO newsletter.

Two graduate students from the University of Toronto, Drs. Metaxas and Bachmayer, received financial assistance from both the CAO and the Canadian Foundation for the Advancement of Orthodontics, in order to present their prize-winning table clinic to the European Orthodontic Society in Geneva in June, 1983. The Foundation is a non-profit charitable organization administered by the CAO.

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On the national CTV program, Canada AM, the CAO defended the role of orthodontic specialists in the traditional delivery of orthodontic health care to Canadians. This was in response to an interview with a dentist who had made exaggerated claims about his "new" and "revolutionary" treatment procedures.

The next CAO annual meeting and scientific sessions will be held in Montreal from April 7 to 10, 1984.

Respectfully submitted,

Frank E. Shamy, President  
Canadian Association of  
Orthodontists.

ADOPTION OF REPORT

*The Board of Governors receives the report of the Canadian Association of Orthodontists for information with thanks.*

## CANADIAN SOCIETY OF PUBLIC HEALTH DENTISTS

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### REPORT TO THE 1984 INTERIM BOARD OF GOVERNORS

The new executive of the Canadian Society of Public Health Dentists:

|                     |                                          |
|---------------------|------------------------------------------|
| President           | Dr. Bob Romcke, Charlottetown,<br>P.E.I. |
| President-elect     | Dr. Roger Ellis, Edmonton,<br>Alberta    |
| Secretary-Treasurer | Dr. Neil Farrell, London,<br>Ontario     |

The C.S.P.H.D. held its 1983 Annual meeting on Sunday 25th September in the Hotel Vancouver, Vancouver, B.C.

Dr. Bo Krasse, Professor of the Department of Cariology, University of Goteburg in Sweden spoke on the "Prediction and Prevention of Caries".

The C.S.P.H.D. was called on to investigate why dental public health is not a recognized specialty in every province.

The 1984 annual meeting will be held at the Queen Elizabeth Hotel in Montreal, Quebec on Monday 9th April from 9:00 a.m. - 12:00 noon.

Dr. Fred Begin of Ottawa will arrange lecture presentations by three or four members from the C.S.P.H.D. to cover research or projects which have been or are currently being conducted in Canada by its members.

Respectfully submitted

Neil A. Farrell, D.D.S., D.D.P.H.  
Secretary-Treasurer  
Canadian Society of Public  
Health Dentists

#### ADOPTION OF REPORT

*The Board of Governors receives the report of the Canadian Society of Public Health Dentists for information with thanks.*

CANADIAN ASSOCIATION OF ORAL  
AND MAXILLOFACIAL SURGEONS

---

REPORT TO THE 1984 INTERIM BOARD OF GOVERNORS

The slate of Executive Officers of the Canadian Association of Oral and Maxillofacial Surgeons is the same as that voted on in June 1983. A new slate of Officers will be presented in June 1985.

Our Constitution and By-laws have been reviewed and amendments approved by our Executives have been submitted to the Canadian Dental Association.

The Executive Council of the C.A.O.M.S. held a meeting on November 19, 1983 in Montreal and another one in Banff, Alberta on March 14, 1984. The next meeting will be held in Montreal this coming October.

At the March Executive meeting, an Ad Hoc Committee was formed to study the impact of the impending new Canada Health Act as pertains to our specialty as well as dentistry in general. This committee is chaired by our President, Dr. Pierre Surprenant, and is composed of our five regional councillors. The mandate of the Committee is to study the Act and prepare recommendations to be submitted to the Canadian Dental Association in the coming weeks.

The 1984 Convention of the C.A.O.M.S. was held in Banff, Alberta from March 14th to the 20th. Although attendance was not as had been expected, the week was a success. This Convention was organized by Dr. Ronald E. Warren of Edmonton.

Dr. Barry Sternthal is heading the Committee preparing the 1985 Convention to be held in Montreal. Preparations are coming along extremely well. Dr. Michael Kinnebrew will be speaking at the scientific session for which the theme is "Cleft Lip - Cleft Palate".

Our International Affairs Committee, chaired by Dr. Alva Swanson of Vancouver has been actively involved in the preparations for the IXth Congress of the International Association of Oral Surgeons to be held in Vancouver in May of 1986.

Under the presidency of Dr. Pierre Surprenant, the Canadian Association of Oral and Maxillofacial Surgeons has been quite active in improving its internal organization; it has also been studying various aspects of our specialty and continues to put great effort in both these areas.

Respectfully submitted,

Dr. A. Gonshor, Secretary  
Canadian Association of Oral  
and Maxillofacial Surgeons.

ADOPTION OF REPORT

*The Board of Governors receives the report of the Canadian Association of Oral & Maxillofacial Surgeons for information with thanks.*

CANADIAN ASSOCIATION OF ORAL AND MAXILLOFACIAL SURGEONS

PROPOSED CHANGES

TO THE

CONSTITUTION AND BY-LAWS

JUNE 5, 1983

A. CONSTITUTION

- ( i ) Page 3 - Article VII - International Association of Oral Surgeons

Delete: "An Annual stipend of up to \$300.00..." to end of paragraph.

- ( ii ) Page 3 - Article IX - Amendments to the Constitution

Insert a new paragraph between the two existing paragraphs as follows:

"Notwithstanding the above, a motion to amend any proposed amendment may be made from the floor of the general meeting and voted without circulating to the membership at large any further notice concerning that specific amendment. A unanimous affirmative vote by all Active and Life Members present shall be required to pass any such amendment to the proposed amendment."

B. BY-LAWS

- ( i ) Page 4 - Paragraph 1 - Active Member

Change terminology to "Oral and Maxillofacial Surgery" from "Oral Surgery" in middle of paragraph.

Change last lines of the paragraph to read: "...and shall be certified to practise the specialty of "Oral and Maxillofacial Surgery" in the province in which they practise."

- ( ii ) Page 4 - Paragraph 3 - Life Member

Change "twenty-five years" to "thirty-five years" of Active Membership.

B. BY-LAWS (cont'd.)

( ii ) Page 4 - Paragraph 3 - Life Member

Change "Active Member for the ten years..." to  
"Active Member for the fifteen years...".

Insert sentence prior to "Dues shall be paid...":  
"The Executive Council shall be empowered to admit  
Life Members on the recommendation of the Membership  
Committee.".

Delete the last sentence of paragraph 4 starting with  
"An affirmative vote...".

( iii ) Page 6 - Paragraph C.2. - Business Sessions

Change quorum from 10% to 20%.

( iv ) Page 6 - Paragraph C.3.

Should read "Notwithstanding Article VIII...".

( v ) Page 7 - Paragraph E.3. - Resignation, Reprimand and  
Expulsion

In the first sentence of this paragraph, delete "...for  
malpractice", the sentence then to read: "Any member  
may be reprimanded, suspended, or expelled for violating  
the by-laws of the Association or for gross misconduct."

Page 8 - Same paragraph (cont'd.)

Insert after "...suspend or expel the defendant."  
the following "A member suspended for due cause shall  
have his suspension removed at the discretion of the  
Executive Council following a request for reinstatement.  
The findings of the Council...".

( vi ) Page 9 - Paragraph I - Amendments to the By-laws

This paragraph to read:

"The By-laws may be amended if the proposed amendment  
with the recommendation of the Constitution and By-laws  
Committee shall have been mailed to each active and



( vi ) Page 9 - Paragraph I - Amendments to the By-laws (cont'd.)

life member at least thirty (30) days prior to the meeting at which final action is to be taken. An affirmative vote of three-quarters of the Active and Life Members present shall be required to amend the By-laws.

Notwithstanding the above, a motion to amend any proposed amendment may be made from the floor of the General Meeting and voted upon without circulating to the membership at large any further notice concerning that specific amendment. A unanimous affirmative vote by all active and life members present shall be required to pass any such amendment to the proposed amendment.

Amendments to the By-laws shall have the approval of the Board of Governors of the Canadian Dental Association before becoming effective."





**ANNUAL  
MEETING  
BOARD OF GOVERNORS  
CANADIAN DENTAL ASSOCIATION**

**OTTAWA, ONTARIO**

**SEPTEMBER 21 - 22,**

**1984**

### CDA STAFF

P. Cunningham, Information Officer  
C. Hackland, Editor  
C. Metcalfe, Editor  
J. Scrimger, Director of  
Administration

S. Deziel, Assistant to Executive  
Director  
B. Henderson, Director of Accreditation  
L. Teteruck, Director of Educational  
Services

### OBSERVERS

#### NAME

#### AFFILIATION

|                 |                                                 |
|-----------------|-------------------------------------------------|
| L. Allen        | Manitoba Dental Association                     |
| B. Barrett      | Dental Association of Prince Edward Island      |
| R. Bell         | Ontario Dental Association                      |
| M. Boucher      | Ordre des dentistes du Québec                   |
| K. Butler       | Canadian Dental Services Plans Inc.             |
| G. Conrad       | Provincial Dental Board of Nova Scotia          |
| C. Covit        | Association des chirurgiens dentistes du Quebec |
| K. L. Croft     | College of Dental Surgeons of British Columbia  |
| P. Cyr          | New Brunswick Dental Society                    |
| R.L.J. Filion   | Royal College of Dental Surgeons of Ontario     |
| J.C. Gillies    | Ontario Dental Association                      |
| C. Godin        | Association des chirurgiens dentistes du Quebec |
| T. Gushue       | Newfoundland Dental Association                 |
| I. Kleysteuber  | National Dental Examining Board                 |
| G. Lovely       | Dalhousie University                            |
| B.P. Martinello | Alberta Dental Association                      |
| D. Greene       | Newfoundland Dental Association                 |
| D.V. Pamenter   | Nova Scotia Dental Association                  |
| K. J. Paynter   | Royal College of Dentists of Canada             |
| D. Pelland      | Association des chirurgiens dentistes du Quebec |
| M. Pelletier    | Canadian Dental Hygienists' Association         |
| D.K. Peters     | Canadian Fund for Dental Education              |
| K.F. Pownall    | Royal College of Dental Surgeons of Ontario     |
| G.A. Riekman    | College of Dental Surgeons of Saskatchewan      |
| A. Schwartz     | Association of Canadian Faculties of Dentistry  |
| F.E. Shamy      | Canadian Association of Orthodontists           |
| D. Surplis      | Ontario Dental Association                      |
| A.R. Ten Cate   | University of Toronto                           |
| A. Tremblay     | Association des chirurgiens dentistes du Quebec |
| R.D. Wenn       | Dental Association of Prince Edward Island      |
| C. Worobey      | Canadian Dental Hygienists' Association         |
| G.S. Zwicker    | Nova Scotia Dental Association                  |

## CANADIAN DENTAL ASSOCIATION

### BOARD OF GOVERNORS

### OFFICERS & OFFICIALS

Chairman of the Board of Governors

N. A. Mancini

### EXECUTIVE COUNCIL

R. N. Hicks, President

C. Chicoine

T. E. Ramage

P. R. Crawford, President-elect

B. W. Holmes

J. Robertson

W. R. Thompson, Past President

J. W. Niedermayer

D. L. Thompson

Executive Director: H. E. Drouin

### BOARD OF GOVERNORS

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#### NEWFOUNDLAND

#### PRINCE EDWARD ISLAND

E. F. Allison  
D. L. Thompson

G. Anthony

J. Robertson

#### BRITISH COLUMBIA:

#### NOVA SCOTIA:

#### QUEBEC:

M. J. R. Leitch  
R. J. Markey  
T. E. Ramage  
J. G. Silver

J. Christie

C. Chicoine  
Y. Giguère

#### ONTARIO:

#### SASKATCHEWAN:

#### MANITOBA:

B. H. Dolansky  
B. W. Holmes  
W. G. Leggett  
K. L. Roach  
R. R. Schiewe  
D. B. Smith

J. W. Niedermayer

#### CDN. FORCES DENTAL SERVICES

G. D. Solmundson

J. N. Wright

#### NEW BRUNSWICK:

#### STUDENT REPRESENTATIVE:

R. A. Turcotte

E. Busvek

#### HEALTH & WELFARE:

#### VETERANS AFFAIRS:

W. R. Bedford

J. S. Tsafaroff

Recording Secretary: Mrs. L. Emmerson

### COUNCIL CHAIRMEN

R. Y. Barolet (Dental Materials &  
Devices)

G.R. Thordarson (Ethics)  
Insurance & Investment (appointed)  
J. H. Gryfe (Hospital Services)  
H. W. Horsman (Health Care)

T. Barker (Student Affairs)  
Y. Kamachi (Information Services)  
G. H. Peacock (Constitution & By-laws)  
K. C. Bentley (Education)  
W.R.Thompson (Nominations)

## PRESIDENT'S REMARKS

### CDA ANNUAL BOARD OF GOVERNORS, OTTAWA

SEPTEMBER 21 & 22, 1984

I would like to express a very sincere welcome to all of the members of the Board at this our annual Board meeting.

Our agenda over the next two days is extensive and the issues to be discussed and decided upon are very important to all members of our profession in Canada. A number of the items involved have the potential to expand the activity of our Association into areas of great importance to the practice of dentistry in our country. Being new areas of involvement, they have financial impact, effectiveness, interaction with provincial association aspects that must be considered. No important information must be excluded in our deliberations but I ask each member to be concise, informative, and brief in their presentations in order that we may give the proper amount of time to consideration of each issue in what appears to be a tight time frame for our agenda.

I would also like to give special recognition to the attendance of Dr. Jean Laporte as an observer at this meeting. Dr. Laporte is a former member of the Board of Governors and a former member of the Executive Council. Illness has prevented Jean from continuing his very effective and helpful participation at the Board and Executive Council level of the Canadian Dental Association. I am sure I parallel your feelings when I express how pleased I am to see the steady improvement in Jean's health through his extended recovery period. Jean — my very special friend — please stand and receive a welcome from the Board of Governors.

At this time, I also extend a special welcome to the members of our Councils and Committees and to members of our academic community. We are grateful for the valuable work you provide and we extend to you a sincere vote of appreciation.

It is always a pleasure to welcome the representatives of the Canadian Dental Hygienists' Association and the Canadian Dental Assistants' Association. I thank you for attending our meeting and for your interest in the issues we are about to consider.

Dr. Mancini, I have concluded my remarks and I now turn the meeting back to you for your usual efficient and effective chairmanship.



## EXECUTIVE

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### REPORT OF THE EXECUTIVE COUNCIL TO THE 1984 ANNUAL BOARD OF GOVERNORS

Members: Dr. R.N. Hicks, Vancouver, Chairman,  
Dr. C. Chicoine, Quebec  
Dr. P.R. Crawford, Winnipeg  
Dr. B. W. Holmes, Kenora  
Dr. J. W. Niedermayer, Regina  
Dr. T. E. Ramage, Vancouver  
Dr. J. Robertson, Summerside  
Dr. D.L. Thompson, Calgary  
Dr. W.R. Thompson, Trenton

#### Council Meetings

Since the April Interim Board of Governors meeting, Executive Council has met once on July 6-7, 1984.

#### Items of Business Requiring Board Action

##### Management Committee

##### Appointment of Auditors

##### RESOLVED:

84.35                    THAT the firm of McCay-Duff & Company  
                         be appointed CDA auditors for the fiscal  
                         year 1984.

ADOPTED

##### Budget Projection

The 1985 Budget was reviewed and is appended herewith.

##### RESOLVED:

84.36                    THAT the 1985 Budget be accepted  
                         as circulated.

APPENDIX A

ADOPTED

Explanatory notes are included with the budget forecasts to assist the Governors with their deliberations.

EXECUTIVE

-2-

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Items of Business Requiring Board Action (cont'd.)

CDSPI Appointments

Executive Council considered names put forward by the provinces of Ontario and Quebec for representatives to CDSPI.

RESOLVED:

84.37                    THAT the CDA representative from Ontario to the CDSPI Board of Directors be Dr. R. L. Moran, for the calendar year 1985.

THAT the CDA representative from Quebec to the CDSPI Board of Directors be Dr. R. Dupont, for the calendar year 1985.

ADOPTED

CDIP Plans Audit

Executive Council reviewed the Canadian Dentists Insurance Program Statement of Receipts and Disbursements for the year ended December 31, 1983.

RESOLVED:

84.38                    THAT the Canadian Dentists Insurance Program Statement of Receipts and Disbursements for the year ended December 31, 1983 be approved.

APPENDIX B

ADOPTED

RESOLVED:

84.39                    THAT the firm of Millard, DesLauriers & Shoemaker be appointed auditors for the CDIP Plans for the year 1984.

ADOPTED

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Items of Business Requiring Board Action (cont'd.)

CDSPI (Insurance & Investment)

To comply with Article XVI, Section 4 (h) of the CDA's Constitution & By-Laws,

**RESOLVED:**

**84.40**                    **THAT the Board of Directors of the CDSPI be appointed the CDA Council on Insurance and Investment for the calendar year 1985.**

**ADOPTED**

FDI

As Dr. W. R. Thompson's term as the National Treasurer for Canada to the FDI expires this year.

**RESOLVED:**

**84.41**                    **THAT Dr. Robert N. Hicks be appointed the CDA's National Treasurer to FDI effective October, 1984 and that this appointment be reviewed annually.**

**ADOPTED**

FDI (1991)

Executive Council reviewed a report prepared by Dr. W. R. Thompson on the proposal to hold the 1991 FDI meeting in Montreal.

**APPENDIX C**

**THAT the CDA forward a formal application to hold an FDI/CDA Congress in Montreal, Quebec in 1991 by June, 1985, if the following conditions are met:**

- (a) agreement of both Quebec dental organizations, QDSA and ODQ, to work with the CDA in holding such a Congress**

EXECUTIVE

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Items of Business Requiring Board Action (cont'd.)

- (b) agreement of the ODQ to cancel "Les Journees Dentaire" and the agreement of the CDA to cancel the Annual Convention in 1991 or that the ODQ and CDA hold their meetings in conjunction with the Congress in September, 1991
- (c) agreement of CDA, QDSA, and ODQ on a Congress chairman with adequate experience such as Dr. Michel Jahjah
- (d) agreement to ensure that the military conference can be held by correspondence to the Minister of National Defence through the Director General Dental Services.

THAT when the criteria of the previous motion have been met, Dr. Ahlberg, the Executive Director of the FDI be invited to visit the official site to view facilities and to meet with the CDA and organizing committee chairman to discuss various administrative matters.

NOTE: Due to updated information received from FDI on the feasibility of the success of the Canadian application to host FDI in 1991 it was the decision of the Board to withdraw the above motions.

RESOLVED:

84.42                      THAT the CDA withdraw its letter of interest to FDI to host the 1991 Congress in Montreal, Quebec.

ADOPTED

RESOLVED:

84.43                      THAT the CDA prepare an application with financial projections to host the 1993 Congress in Canada for Board consideration at the 1985 Interim meeting.

ADOPTED

EXECUTIVE

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Items of Business Requiring Board Action (cont'd.)

CDA Building - Roof Repairs

Executive Council has reviewed information provided by a roofing consultant concerning the condition and need for repair/replacement of the roof of the CDA Building.

RESOLVED:

84.44

THAT the roof of the CDA Building at 1815 Alta Vista Drive be replaced funded by monies to come from the building contingency fund with an upper limit of \$30,000, including consultants fees.

ADOPTED

Ad Hoc Committee on Third Party Payment Plans

The Report of the Ad Hoc Committee on Third Party Payment Plans was reviewed by the Executive Council.

APPENDIX D

RESOLVED:

84.45

THAT a Committee of Executive Council be established on Third Party Dental Plans.

ADOPTED

The following structure and composition is proposed.

RESOLVED:

84.46

Composition

Four dentists  
Executive Liaison  
CDA Staff Resource Person

Note: The four dentists should be selected on the basis of their expertise but with a sensitivity to the fact that whenever possible no one province should be unduly represented. The expertise required will include dealing with third party plans on a provincial basis, dental office computer experience and if possible an individual who has worked with Health Care Council in this area.

## EXECUTIVE

### Items of Business Requiring Board Action (cont'd.)

CDA staff person - to provide an ongoing contact person for effective communication by any organization or Canadian dentist so that current information can be provided rapidly. This is considered to be one of prime importance to the success of the Committee.

Term - appointments be for two years with three renewals. Initially two of the four dentists for one year; then two of the four for two years.

### RESOLVED:

84.47

#### Terms of Reference

- 1) To act on behalf of the CDA to assist its members in their interactions with third party plans on the national level and communicate to the members via the Communiqué and the Journal on dental third party plans.
- 2) To liaise with representatives of the Canadian Health and Life Insurance Association, the non-profit dental plans and national government dental payment agencies (services to Indians, Inuit, veterans and the RCMP).
- 3) To liaise with provincial dental associations regarding third party plans via provincial third party committees (such as the Dental Prepayment Advisory Committee in Ontario).
- 4) In co-operation with provincial associations to act as an information source to consumer groups, company personnel administrators and employee benefits administrators.

EXECUTIVE

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Items of Business Requiring Board Action (cont'd.)

- 5) To be responsible for the ongoing review and administration of the CDA standard claim forms, the CDA list of fee codes and CDA list of dental services.
- 6) To identify and inform Executive Council on matters in the third party area which require national lobbying with the Canadian Government.
- 7) To be responsible for review and then monitoring of alternative methods of delivery of dental care (capitation, closed panel, preferred provider organizations).

ADOPTED

Convention Task Force Ad Hoc Committee

The Report of the Convention Task Force Ad Hoc Committee was reviewed by Executive Council.

RESOLVED:

84.48 WHEREAS there are certain convention sites where attendance by a large bilingual audience is minimal and/or uncertain,

THAT the necessity of providing simultaneous translation of scientific sessions be left to the discretion of the Convention Committee in consultation with the CDA Executive Council.

ADOPTED

RESOLVED:

84.49 THAT the Report of the Convention Task Force Ad Hoc Committee be approved as amended.

APPENDIX E

ADOPTED



EXECUTIVE

---

Items of Business Requiring Board Action (cont'd.)

RESOLVED:

- 84.50                      THAT the appended document entitled  
"CDA Convention Protocol", dated  
April, 1984 be approved as amended.

APPENDIX F

ADOPTED

Definitions: Guidelines & Policies

Following the directions of the Board at the Interim 1984 meeting precise definitions of "Policies" and "Guidelines" of the Canadian Dental Association have been prepared.

RESOLVED:

- 84.51                      THAT a policy shall be defined as  
the formal delineation of a position  
or decision intended to regulate or  
control the behaviour of association  
members or to govern the structure,  
finances, activities or general  
operation of the association itself.

ADOPTED

RESOLVED:

- 84.52                      THAT a guideline shall be defined as  
the careful delineation of positions  
related to specific circumstances which  
are intended as credible and useful but  
not mandatory resources for the  
association, its divisions, members  
and/or the public.

ADOPTED

CDA/Provincial Association Participation Agreement

Following decisions taken at the Interim Board of Governors meeting, April, 1984, Corporate Members were contacted and asked to submit their recommendations for possible amendment to the CDA Participation Agreement. Following review of all input from Corporate Members

RESOLVED:

- 84.53                      THAT the appended recommendations  
for amendment to the CDA Participation  
Agreement be approved.

APPENDIX G

ADOPTED

## EXECUTIVE

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### Items of Business Requiring Board Action (cont'd.)

The QDSA has informed the CDA of their intent to terminate certain plans covered in the Participation Agreement on date of renewal. These plans are as follows: Business Interruption Insurance, Office Contents Insurance, General Liability Insurance and Malpractice Insurance.

#### RESOLVED:

84.54                    **THAT only those non-CDA members in Quebec who have Malpractice & General Insurance with CDSPI in 1984 will be allowed to renew their Malpractice & General Insurance coverage before the first of January 1985. Those dentists will be solicited to join the CDA as 1985 members, if they have not joined as members by the membership date cut off they will not be eligible for insurance coverage with CDSPI for 1986 and will not be able to obtain any additional coverage in the general insurance field after March 31, 1985.**

#### ADOPTED

### Policy - Certificates of Merit

The present policy concerning the awarding of Certificates of Merit states that a Certificate of Merit shall be given to all members of the Association who have served as a member of the Board of Governors, a Council or Committee member, and whose term in the respective area of service is completed. In some recent incidences, this would have allowed for the awarding of a certificate to individuals whose Council or Committee had not met during their term on this Council or Committee and where the particular Council/Committee had been inactive during this aforementioned term

#### APPENDIX H

EXECUTIVE

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Items of Business Requiring Board Action (cont'd.)

RESOLVED:

84.55

THAT the policy concerning the awarding of the CDA Certificate of Merit be amended as follows:

A "Certificate of Merit" may be given to a member of the Association who has served the Association for a minimum term of one year as a member of the Board of Governors, a Council member, or as a member of a committee of a Council and whose term in the respective area of service is deemed to be completed.

Recipients of the "Certificate of Merit" shall be proposed by the Chairman of the Nominations Council (Immediate Past-President) for approval by the Executive Council at the first meeting of Council following an annual meeting.

ADOPTED

Membership Committee

The report of the Membership Committee was reviewed as appended.

APPENDIX I

The utilization of liaison dentists in component societies in volunteer provinces was endorsed by the Executive Council as being a most effective tool during the membership campaign. Executive Council has authorized an Orientation Workshop for liaison volunteers in the Ontario and Quebec membership drive. This workshop will be used to clearly delineate to such volunteers the CDA structure, its activities and services and how they as volunteers could best assist with communications and membership activities in their society.

NOTE: Any material being sent to liaison dentists should also be sent to Ontario Governors to the CDA Board as well as to the Society members of the ODA Board in order to enhance the liaison process.

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Items of Business Requiring Board Action (cont'd.)

Executive Council reviewed the portion of the Committee's Report relative to Life Member Review.

**RESOLVED:**

- 84.56                    THAT any dentist who has practised his or her profession for at least 40 years or who, on attaining his or her sixty-fifth birthday has been a member in good standing of the Association for half of his or her practice years, with the last three consecutive; will on approval of the Executive Council become a Life Member of the Association.

ADOPTED

**RESOLVED:**

- 84.57                    THAT upon approval of the above amendment to the requirements for Life Membership, the CDA's Constitution be amended.

ADOPTED

Life Member Applications

Applications for Life Membership were reviewed by Executive Council and accepted as per the list appended.

APPENDIX J

Membership Committee Chairman

Traditionally the Immediate Past-President of the CDA is appointed Chairman of the Membership Committee. Executive Council was informed by the Chairman and President, Dr. Hicks, that he had asked Dr. W. R. Thompson to continue in the role as Chairman of the Membership Committee for the coming year. Dr. Thompson has accepted this responsibility.

Consent to Treatment Form

Executive Council considered the request of the CDSPI relative to a Consent to Treatment Form for use in their Loss Prevention program for Malpractice Insurance.

APPENDIX K

EXECUTIVE

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Items of Business Requiring Board Action (cont'd.)

RESOLVED:

84.58

WHEREAS the Executive Council has endorsed the principle of Informed Consent, but is of the opinion that the CDA should not become involved in the approval of individual modes of attaining informed consent

THAT the Consent to Treatment Form developed by the CDSPI be used by the CDSPI in its Loss Prevention Seminar as a resource for the dental practitioner.

DEFEATED

Items of Business for Information

Editorial Board

The report of the Editorial Board was reviewed as appended. Executive Council agrees with the formalization of the appointment of the English and French Scientific Editors to the Editorial Board.

APPENDIX L

Convention Committee

Executive Council reviewed the report of the Convention Committee and the updated information relative to the 1986, 1987 and 1988 Conventions.

APPENDIX M

The appointment of Dr. Ian Vogan as the 1986 Convention Chairman has been approved by the Executive Council.

CDA Mortgage

As requested by the Board of Governors at its 1984 Interim Meeting the Management Committee reviewed the financial arrangements regarding the CDA mortgage, and the feasibility of the cancellation of this debt. After very careful consideration of all the factors involved, the Management Committee has reaffirmed their present position that the mortgage on the CDA property should not be paid off.

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**Items of Business for Information (cont'd.)****Per Diem Policy**

Management Committee reviewed the present policy on per diems which does not allow for the automatic payment of a per diem to Chairmen of CDA Committees, Ad Hoc Committees, Task Forces, etc. The Management Committee has noted that the President has the authority to grant a per diem in any instance where he considers it warranted. It was the decision of Executive Council that the present policy should stand.

**CDA Organization Structure**

The Executive Council has approved that the Management Committee be authorized to develop Terms of Reference for a study of the operational structure of the CDA, and also to solicit proposals from at least three professional management consultants. The proposal for this study will be available for presentation at the Board meeting in September.

**Taxation Committee**

The Report of the Taxation Committee was reviewed by Executive Council and is appended for information.

APPENDIX N

**Manpower Study Update**

The Executive Council reviewed an interim report prepared by R.K. House and Associates relative to the updating of the Manpower Study. A final report will be ready for the Board of Governors at its September annual meeting.

**Request for Government Funding - CDA/CSA Certification Program**

Both the CDA and the Canadian Standards Association have made representations to the Department of Health & Welfare for funding assistance for the proposed Certification Program. The CDA has recently been advised by Health & Welfare Canada that funding assistance will not be made available for this program.

At the direction of Executive Council a brief will be prepared in consultation with the Council on Dental Materials & Devices and the Canadian Society of Orthopaedic Surgeons (who have recently expressed their support), stressing the need for adequate external quality assurance programs. This brief to be delivered to appropriate government departments and individual M.P.'s.



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**Items of Business for Information (cont'd.)**

Dental Trade Organizations from Canada, the United States and Germany have indicated their concern regarding Health & Welfare's Medical Devices Regulations whereby filling materials are tested as "implants". These regulations are creating barriers at Canadian borders more rigorous than would appear necessary. Further discussions will ensue with these Dental Trade Organizations seeking their support for a CDA/CSA Certification program.

**Property Management**

Tenders for the construction of the elevator at 1815 Alta Vista Drive were reviewed by the Management Committee and a contract has been awarded to Bulwark Construction.

As directed at the last Board meeting, the Management Committee has investigated the possibility of the purchase of the land to the north of the CDA building for parking purposes. The CDA has been informed by the NCC that they have received an offer to purchase this parcel of land from the Canadian Pharmaceutical Association.

Upon review of the original papers signed with the NCC at the time of purchase of the land it was found that the CDA has the right of first refusal on the adjoining property.

The CDA has further been informed by the NCC that the use of this land strictly for parking purposes would in all probability not meet with approval from the NCC, but that they would favour a proposal that included the construction of a building on this site.

Discussion and negotiation between the NCC, the CDA and the Canadian Pharmaceutical Association are continuing, specifically to ascertain whether the CPhA would be willing to offer the CDA parking facilities if they construct a building on this property, and further if the NCC would approve additional parking facilities at the rear of the CDA property.

**Annual Donation to the CFDE**

The Executive Council has approved an increase in the amount of the CDA'S annual donation to the Canadian Fund for Dental Education from \$1,000 per annum to \$2,000 per annum. The Executive Council further approved a donation in the amount of \$1,000 on behalf of the members and officers of the CDA in memory of Mr. Murray McDonald who passed away recently.

**Senate Standing Committee on Social Affairs, Science & Technology**

The CDA will be preparing a brief to the Senate Standing Committee mentioned above which is conducting an in-depth study of the complex issues involved in a comprehensive health care policy for Canadians.



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**Items of Business for Information (cont'd.)**

The CDA brief will outline dentistry's position on an overall Canadian health care policy.

**Executive Council Retreat**

The Executive Council has approved a two-day retreat (strategic planning session) for members of the Executive Council and senior staff at CDA. The Executive Council will address several matters at this time namely, the goals of the Association, the status of the Association, forward planning, and orientation for new members of Executive Council. The retreat is planned for the latter part of October.

**Awards**

**Distinguished Service Award**

Executive Council wishes to announce that the Distinguished Services Award has been awarded posthumously to Mr. Murray McDonald in recognition of his many years of service to dentistry, including his lengthy service with the Canadian Dental Association and the Canadian Fund for Dental Education.

**Honorary Membership**

The annual applications submitted for Honorary Membership were reviewed by the Executive Council.

The Executive Council is pleased to announce that Dr. Conrad Godin from Quebec will be awarded Honorary Membership in the Canadian Dental Association.

APPENDIX O

**Canadian Dental Research Award**

On the recommendation of the Council on Dental Materials and Devices Executive Council approved the awarding of the Canadian Dental Research Award to Dr. G. Lavigne of the Université de Montréal for his paper on "Human Factors in the Measurement of the Masseteric Silent Period".

**Past-President's Pin**

The Executive Council has approved the commissioning of a new design and concept for the Past-President's pin, to be presented to each Past-President beginning in 1984. The new design is in the form of a lapel pin and is similar to that used in the links of the Presidential Chain of Office. It features a maple leaf with the CDA logo in the centre and the inscription "Canadian Dental Association" surrounding the logo. A small diamond chip will be placed at the base of the maple leaf.

The opportunity to purchase this new pin has been offered to all CDA Past-Presidents.

## EXECUTIVE

Items of Business for Information (cont'd.)Attendance at Meetings

Since the April, 1984 Board of Governors meeting the President attended the following meetings:

|           |                                                  |           |
|-----------|--------------------------------------------------|-----------|
| April 10  | Meeting CDHA                                     | Montreal  |
|           | Meeting CDAA                                     | Montreal  |
| May 4     | Board Meeting-College of Dental Surgeons of B.C. | Vancouver |
| May 11-12 | ODA Board Meeting                                | Toronto   |
| May 13-14 | ODA Convention                                   | Toronto   |
| May 31    | Sask. College of Dental Surgeons                 | Regina    |
| May 31    | Prince Albert Dentists' meeting                  | Regina    |
| June 3-4  | Alberta Dental Assoc. Annual Meeting             | Banff     |
| June 8-9  | Nova Scotia Annual                               | Halifax   |

Council Reports

Executive Council has reviewed Council reports as appended and other matters which require Board action follow therein.

Respectfully submitted,

Robert N. Hicks, D.S.S., M.S.,  
Chairman,  
Executive Council

ADOPTION OF REPORT

The Board of Governors accepts the Report of Executive Council with appreciation

CANADIAN DENTAL ASSOCIATION  
BUDGET/PROJECTIONS

MEMORANDUM

The Budget for 1985 is based on experience and on an expected 10% increase in prices for goods and services.

Projections for 1986/87 are presented as a planning tool and have been calculated using the 1985 figures times an expected yearly cost escalation; again 10%.

When viewing projected deficits consideration should be given to removing depreciation and amortizement of data processing equipment purchases as these are not cash expenses.

The estimates presented do not include amounts for the following projects:

- 1) Dental Awareness program
- 2) Certification program
- 3) Workshop for Membership volunteer program

CANADIAN DENTAL ASSOCIATION  
BUDGET/PROJECTIONS

AS AT MAY 1, 1984

| REVENUE:            | Actuals<br>1983 | Budget<br>1984 | 4 Mth<br>Actuals | Budget<br>1985 | Projected<br>1986 | Projected<br>1987 |
|---------------------|-----------------|----------------|------------------|----------------|-------------------|-------------------|
| Fees                | \$1,788,216     | \$2,014,175    | \$1,793,913      | \$2,044,661    | \$2,132,686       | \$2,132,686 (1)   |
| Journal Revenue     | 383,743         | 416,000        | 155,522          | 447,000        | 490,000           | 535,900           |
| DHL Program         | 93,549          | 104,000        | 77,005           | 115,000        | 123,000           | 123,000           |
| Rental Income       | 116,308         | 142,003        | 47,723           | 176,837        | 179,044           | 181,799           |
| Grants              | 54,994          | 44,000         | 17,000           | 34,000         | 34,000            | 34,000            |
| Pamphlets           | 59,338          | 70,000         | 29,158           | 65,000         | 65,000            | 65,000            |
| Interest            | 115,131         | 60,000         | 31,748           | 75,000         | 75,000            | 75,000            |
| Accreditation       | 20,603          | 14,600         | 7,000            | 17,100         | 15,100            | 15,100            |
| FDI Rec/Pay         | 8,954           | 6,000          | 3,580            | 6,000          | 6,000             | 6,000             |
| Dental Health Month | 18,822          | 22,000         | 19,191           | 20,000         | 20,000            | 20,000            |
| Foreign Exchange    | 1,710           | -              | 786              | -              | -                 | -                 |
| SUBTOTAL            | \$2,661,368     | \$2,892,778    | \$2,182,626      | \$3,000,598    | \$3,139,830       | \$3,183,485       |
| Annual Convention   | 323,214         | -              | 853              | 415,000        | -                 | -                 |
| TOTAL REVENUE       | \$3,035,282     | \$2,892,778    | \$2,183,479      | \$3,415,598    | \$3,132,830       | \$3,183,485       |

CANADIAN DENTAL ASSOCIATION  
BUDGET/PROJECTIONS

AS AT MAY 1, 1984

EXPENSES:

|                                   | Actuals<br>1983 | Budget<br>1984 | 4 Mth<br>Actuals | Budget<br>1985 | Projected<br>1986 | Projected<br>1987 |     |
|-----------------------------------|-----------------|----------------|------------------|----------------|-------------------|-------------------|-----|
| Salaries & Benefits               | \$ 557,814      | \$ 595,330     | \$ 186,441       | \$ 646,219     | \$ 688,278        | \$ 733,147        |     |
| Journal                           | 412,321         | 467,500        | 170,401          | 519,394        | 566,010           | 620,409           | (2) |
| General & Administration          | 256,789         | 284,000        | 96,254           | 315,900        | 343,630           | 374,898           | (3) |
| Travel & Meetings                 | 334,940         | 395,225        | 91,307           | 447,845        | 482,195           | 525,680           | (4) |
| Honoraria & Per Diems             | 175,505         | 195,825        | 43,2491          | 213,750        | 213,750           | 213,750           | (5) |
| Property Management               | 225,900         | 283,400        | 84,896           | 299,060        | 315,187           | 332,896           | (6) |
| Pamphlets & Films                 | 61,457          | 50,000         | 20,978           | 80,500         | 80,500            | 80,500            |     |
| CDA Newsletter                    | 21,750          | 24,000         | 8,003            | 28,000         | 30,800            | 33,880            |     |
| Dental Optitude Program           | 56,999          | 67,500         | 24,346           | 87,700         | 92,720            | 77,900            | (7) |
| Accreditation                     | 31,040          | 40,000         | 23,785           | 50,000         | 50,000            | 50,000            |     |
| Dental Health Month               | 30,503          | 45,000         | 72,089           | 75,000         | 75,000            | 75,000            |     |
| Membership Campaign               | 16,257          | 25,000         | 20,373           | 25,000         | 25,000            | 25,000            |     |
| Conferences                       | 25,968          | 29,000         | -                | 24,000         | 24,000            | 24,000            |     |
| Student Affairs                   | 19,885          | 23,500         | 14,497           | 36,500         | 40,000            | 44,000            |     |
| FBI Membership                    | 1,139           | 20,000         | 13,787           | 20,000         | 20,000            | 20,000            |     |
| Consultants                       | 15,105          | 20,000         | 2,500            | 20,000         | 20,000            | 20,000            |     |
| Grants/Sponsorship                | 24,412          | 10,000         | 1,000            | 5,000          | 5,000             | 5,000             |     |
| SUBTOTAL                          | \$2,268,184     | \$2,575,280    | \$ 873,906       | \$2,893,868    | \$3,072,070       | \$3,256,060       |     |
| Unbudgeted Projects               | 20,848          | 50,000         | 7,185            | 50,000         | \$ 50,000         | \$ 50,000         |     |
| Annual Convention                 | \$ 350,517      |                | 5,714            | 415,000        |                   |                   |     |
| TOTAL                             | \$2,639,542     | \$2,625,280    | \$ 886,805       | \$3,358,868    | \$3,122,070       | \$3,306,060       |     |
| EXCESS OF REVENUE<br>OVER EXPENSE | \$ 395,733      | \$ 267,498     | \$1,236,674      | \$ 56,730      | \$ 17,760         | \$ 117,525        |     |

CANADIAN DENTAL ASSOCIATION  
BUDGET/PROJECTIONS

SCHEDULE (1)

AS AT MAY 1, 1984

FEE BREAKDOWN:

|                    | Actuals<br>1983 | Budget<br>1984 | 4 Mth<br>Actuals | Budget<br>1985 | Projected<br>1986 | Projected<br>1987 |
|--------------------|-----------------|----------------|------------------|----------------|-------------------|-------------------|
| Active & Affiliate | \$1,618,350     | \$1,844,325    | \$1,687,560      | \$1,869,750    | \$1,956,375       | \$1,956,375       |
| Corporate          | 136,271         | 137,050        | 93,731           | 140,131        | 140,131           | 140,131           |
| Associate          | 10,822          | 10,000         | 9,956            | 10,080         | 10,530            | 10,530            |
| Student            | 22,773          | 22,800         | 2,666            | 24,700         | 25,650            | 25,650            |
|                    | \$1,788,216     | \$2,014,175    | \$1,793,913      | \$2,044,661    | \$2,132,686       | \$2,132,686       |

MEMBERS BY PROVINCE:

|                      | ESTIMATED 1984 ACTUALS |            | PROJECTIONS 1985 - 1987 |            |
|----------------------|------------------------|------------|-------------------------|------------|
|                      | Active                 | Corp       | Active                  | Corp       |
| British Columbia     | 1,775                  | 1,775      | 1,780                   | 1,780      |
| Alberta              | 1,160                  | 1,160      | 1,165                   | 1,165      |
| Saskatchewan         | 335                    | 335        | 350                     | 350        |
| Manitoba             | 445                    | 445        | 450                     | 450        |
| Ontario              | 2,685                  | 4,947 RCDS | 2,685                   | 5,000 RCDS |
|                      |                        | 4,133 ODA  |                         | 4,150 ODA  |
| Quebec               | 1,155                  | 2,400 ODA  | 1,155                   | 2,400 ODA  |
|                      |                        | 1,423 ODSA |                         | 1,450 ODSA |
| New Brunswick        | 210                    | 225        | 220                     | 225        |
| Nova Scotia          | 345                    | 345        | 345                     | 345        |
| Prince Edward Island | 43                     | 45         | 43                      | 45         |
| Newfoundland         | 127                    | 127        | 127                     | 127        |

CANADIAN DENTAL ASSOCIATION  
BUDGET/PROJECTIONS

SCHEDULE (2)

CDA JOURNAL

| REVENUE :            | Actuals<br>1983 | Budget<br>1984 | 4 Mth<br>Actuals | Budget<br>1985 | Projected<br>1986 | Projected<br>1987 |
|----------------------|-----------------|----------------|------------------|----------------|-------------------|-------------------|
| Gross Advertising    | \$ 367,471      | \$ 400,000     | \$ 141,580       | \$ 430,000     | \$ 473,000        | \$ 517,300        |
| Sale of Reprints     | 1,031           | 1,000          | 717              | 1,000          | 1,000             | 1,000             |
| Journal Subscription | 15,241          | 15,000         | 13,225           | 15,000         | 15,000            | 17,600            |
| TOTAL REVENUE        | \$ 383,743      | \$ 416,000     | \$ 155,522       | \$ 447,000     | \$ 489,000        | \$ 535,900        |

EXPENSE:

|                     |            |            |            |            |            |            |
|---------------------|------------|------------|------------|------------|------------|------------|
| Agency Commission   | \$ 49,320  | \$ 55,500  | \$ 18,573  | \$ 60,750  | \$ 66,450  | \$ 73,095  |
| Sales Commission    | 8,067      | 8,000      | 2,920      | 11,400     | 12,920     | 14,200     |
| Salaries & Benefits | 68,573     | 83,200     | 24,298     | 87,244     | 96,240     | 106,004    |
| Printing/Layout     | 196,587    | 231,650    | 87,196     | 275,000    | 302,500    | 332,750    |
| Shipping            | 14,391     | 16,500     | 5,355      | 17,000     | 18,700     | 20,570     |
| Postage             | 16,139     | 26,500     | 4,014      | 18,000     | 19,800     | 21,780     |
| Travel              | 5,430      | 6,000      | 2,720      | 5,000      | 5,600      | 6,260      |
| Translation         | 13,094     | 13,500     | 6,730      | 15,000     | 16,500     | 18,150     |
| Sundry              | 23,266     | 5,500      | 13,668     | 6,000      | 3,300      | 3,600      |
| Freelance Expense   | -          | -          | -          | 3,500      | 3,500      | 3,500      |
| Audit - CCAB        | 1,090      | 2,650      | 865        | 1,500      | 1,500      | 1,500      |
| Scientific Editors  | 6,761      | 7,500      | 1,900      | 8,000      | 8,000      | 8,000      |
| Reprint Expense     | 570        | 1,000      | 553        | 1,000      | 1,000      | 1,000      |
| Telephone           | 4,213      | 5,000      | 1,499      | 5,000      | 5,000      | 5,000      |
| Bad Debt Expense    | 4,820      | 5,000      | 110        | 5,000      | 5,000      | 5,000      |
| TOTAL EXPENSE       | \$ 412,321 | \$ 467,500 | \$ 170,401 | \$ 512,324 | \$ 566,010 | \$ 620,492 |

EXCESS OF REVENUE  
OVER EXPENSE

\$ (28,578)    \$ (51,500)    \$ (14,872)    \$ (72,394)    \$ (76,010)    \$ (84,592)

NOTE: Sundry Expenses 1983/84 include onetime promotion activity regarding new Journal format & distribution.



CANADIAN DENTAL ASSOCIATION  
BUDGET/PROJECTIONS

SCHEDULE (3)

GENERAL & ADMINISTRATION SCHEDULE

|                                           | Actuals<br>1983   | Budget<br>1984    | 4 Mth<br>Actuals | Budget<br>1985    | Projected<br>1986 | Projected<br>1987 |
|-------------------------------------------|-------------------|-------------------|------------------|-------------------|-------------------|-------------------|
| <b>GENERAL &amp; ADMINISTRATION</b>       |                   |                   |                  |                   |                   |                   |
| Office Equipment:                         |                   |                   |                  |                   |                   |                   |
| Rental & Servicing                        | \$ 19,679         | \$ 28,000         | \$ 12,698        | \$ 30,800         | \$ 33,800         | \$ 37,300         |
| Purchases & Repair                        | 13,597            | 10,000            | 7,117            | 15,000            | 15,000            | 15,000            |
| Insurance                                 | 9,580             | 10,000            | 3,291            | 11,000            | 12,100            | 13,310            |
| Office Supplies                           | 15,016            | 20,000            | 8,810            | 22,000            | 24,000            | 26,700            |
| Postage                                   | 36,159            | 44,000            | 13,233           | 48,400            | 53,240            | 58,564            |
| Shipping & Delivery                       | 1,910             | 4,000             | 1,533            | 4,400             | 4,840             | 5,324             |
| Telephone & Telegraph                     | 52,419            | 55,000            | 20,084           | 60,500            | 66,500            | 73,200            |
| Translations                              | 6,050             | 10,000            | 3,595            | 11,000            | 12,000            | 13,300            |
| Data Processing                           | 28,248            | 33,000            | 8,744            | 36,300            | 40,000            | 44,000            |
| Printing & Duplicating                    | 23,729            | 36,000            | 9,481            | 39,600            | 43,500            | 47,800            |
| Audit                                     | 7,500             | 8,000             | -                | 8,400             | 8,900             | 9,400             |
| Legal                                     | 11,773            | 12,000            | 207              | 10,000            | 10,000            | 10,000            |
| Depreciation --                           |                   |                   |                  |                   |                   |                   |
| Furniture & Fixtures                      | 7,577             | 6,000             | 2,320            | -                 | -                 | -                 |
| Personnel Advertising                     | 406               | 1,000             | 193              | 1,000             | 1,000             | 1,000             |
| Photography                               | 1,055             | -                 | 363              | 1,000             | 1,000             | 1,000             |
| Subscriptions/Clippings                   | 2,257             | 2,000             | 969              | 2,500             | 2,750             | 3,000             |
| Miscellaneous                             | 7,749             | 5,000             | 1,716            | 5,000             | 5,000             | 5,000             |
| Library                                   | 6,468             | -                 | 1,200            | 2,000             | 10,000            | 11,000            |
| <b>TOTAL GENERAL &amp; ADMINISTRATION</b> | <b>\$ 251,174</b> | <b>\$ 284,000</b> | <b>\$ 96,254</b> | <b>\$ 315,200</b> | <b>\$ 343,630</b> | <b>\$ 374,828</b> |

CANADIAN DENTAL ASSOCIATION  
BUDGET/PROJECTIONS

SCHEDULE (4)

TRAVEL & MEETING

|                          | Actuals<br>1983 | Budget<br>1984 | 4 Mth<br>Actuals | Budget<br>1985 | Projected<br>1986 | Projected<br>1987 |
|--------------------------|-----------------|----------------|------------------|----------------|-------------------|-------------------|
| Executive Council        | \$ 40,011       | \$ 35,190      | \$ 7,378         | \$ 39,420      | \$ 43,360         | 47,700            |
| Liaison/Convention       | 8,171           | 11,985         | 176              | 13,600         | 14,960            | 16,400            |
| Management Committee     | 18,317          | 40,000         | 6,244            | 27,560         | 30,300            | 30,300            |
| Membership Committee     | 7,705           | 14,535         | 787              | 10,670         | 11,700            | 13,000            |
| Taxation Committee       | 2,558           | 2,000          | 26               | 2,265          | 2,500             | 2,750             |
| Product Acceptance Comm. | 6,052           | 5,780          | 3,218            | 7,590          | 8,400             | 10,350            |
| Editorial Board          | 1,799           | 5,780          | 1,640            | 6,750          | 7,400             | 8,100             |
| Dental Third Party Plans |                 |                |                  | 10,950         | 12,040            | 13,250            |
| President's Expense      | 27,716          | 25,000         | 4,672            | 23,275         | 26,400            | 27,000            |
| SUBTOTAL                 | \$ 115,095      | \$ 140,270     | \$ 24,141        | 142,780        | 157,060           | 170,850           |
| Council on Education     |                 |                |                  |                |                   |                   |
| Sub Committee Expense    | \$ 23,638       | \$ 17,212      | \$ 2,255         | \$ 23,330      | \$ 25,660         | \$ 28,230         |
| DAT Committee            | 24,730          | 16,000         | 16,726           | 11,705         | 12,875            | 14,200            |
| Cont. Educ. Comm.        | 3,235           | 12,000         | -                | 37,000         | 40,000            | 44,000            |
| Joint Committee          | -               | -              | -                | 6,000          | 6,600             | 7,200             |
| Council on Health Care   | 19,048          | 28,000         | 438              | 12,500         | 6,100             | 6,700             |
| Council on Hosp. Serv.   | 8,376           | 14,000         | 4,075            | 22,110         | 24,300            | 26,700            |
| Dental Mat. & Devices    | 6,895           | 14,925         | 3,664            | 9,560          | 10,500            | 11,500            |
| Constitut. & By-Laws     | 735             | 6,800          | 3,838            | 16,650         | 18,300            | 20,000            |
| Council on Nominations   | -               | 1,000          | -                | 5,000          | 5,500             | 6,000             |
| Council on Ethics        | -               | 4,590          | 1,104            | 1,000          | 1,000             | 1,000             |
| Council on Info. Serv.   | 6,786           | 9,520          | 391              | 5,000          | 5,500             | 6,000             |
| Council on Student Aff.  | 13,170          | 14,378         | 6,684            | 19,710         | 21,600            | 23,800            |
| Board of Governors       | 53,900          | 58,650         | 12,660           | 16,000         | 17,600            | 19,000            |
| Pres. & CEOs/Spec. Secs. | 14,386          | 14,880         | 1,058            | 57,500         | 63,000            | 69,500            |
|                          |                 |                |                  | 16,000         | 17,600            | 19,000            |
| SUBTOTAL                 | \$ 289,995      | \$ 352,225     | \$ 77,034        | \$ 401,845     | \$ 433,195        | \$ 473,630        |
| Staff Travel             | \$ 47,711       | \$ 43,000      | \$ 14,273        | \$ 46,000      | \$ 47,000         | \$ 52,000         |
| TOTAL                    | \$ 334,290      | \$ 395,225     | \$ 91,307        | \$ 447,845     | \$ 482,195        | \$ 525,630        |

CANADIAN DENTAL ASSOCIATION  
BUDGET/PROJECTIONS

SCHEDULE (5)

PER DIEMS

|                           | Actuals<br>1983 | Budget<br>1984 | 4 Mth<br>Actuals | Budget<br>1985/86/87 |
|---------------------------|-----------------|----------------|------------------|----------------------|
| Executive Council         |                 |                |                  |                      |
| Council on Education      | \$ 103,660      | \$ 111,125     | \$ 20,443        | \$ 113,650           |
| Sub Comm. expense         | \$ 5,025        | \$ 2,400       | \$ 500           | 3,600                |
| DAT Committee             | 1,400           | 1,400          | 700              | 4,250                |
| Cont. Educ. Committee     | 250             | -              | -                | 1,400                |
| Joint Committee           | -               | -              | -                | -                    |
| Council on Health Care    | 2,550           | 3,600          | -                | 2,000                |
| Sub Committee Expense     | -               | -              | -                | 3,600                |
| Council on Hosp. Serv.    | 2,925           | 3,600          | 1,225            | 750                  |
| Dental Mat. & Devices     | 1,450           | 1,800          | 250              | 3,600                |
| Sub Committee             | -               | -              | -                | 1,800                |
| Constitution & By-Laws    | -               | 1,800          | 700              | 750                  |
| Council on Nominations    | -               | 600            | -                | 1,800                |
| Council on Ethics         | -               | 1,200          | 350              | 600                  |
| Council on Info. Services | 1,125           | 2,400          | 250              | 1,200                |
| Council on Student Aff.   | 2,238           | 2,400          | 250              | 3,600                |
| Board of Governors        | 23,450          | 28,000         | 5,247            | 2,900                |
|                           |                 |                |                  | 30,250               |
| SUBTOTAL                  | \$ 144,073      | \$ 160,325     | \$ 29,915        | \$ 175,750           |
| Contingency               | \$ -            | \$ -           | \$ -             | \$ 6,000             |
| Honoraria                 | 28,667          | 32,000         | 13,334           | 32,000               |
| TOTAL                     | \$ 172,740      | \$ 192,325     | \$ 43,249        | \$ 213,750           |

A breakdown of Executive Council expense follows. (Schedule 5A)

The increase in total Per Diems expense reflects an increase in meeting days for Council on Education, and Council on Info. Services, and an increase in activity on the part of council chairmen re sub committee activity. Per day meeting expense is \$600 for council meetings to cover Executive Council liaison and the Chairman. Extra chairman's expense is at \$250 per day  
Per Diems for Board of Governors is \$6,050 per day to cover the Chairman, Executive Council and other council chairmen.

CANADIAN DENTAL ASSOCIATION  
BUDGET/PROJECTIONS

SCHEDULE (5A)

PER DIEMS BREAKDOWN FOR EXECUTIVE COUNCIL

|                          | Actuals<br>1983-- | Budget<br>1984-- | 4 Mth<br>Actuals | Budget<br>1985/86/87 |
|--------------------------|-------------------|------------------|------------------|----------------------|
| Executive Council        | \$ 43,902         | \$ 38,400        | \$ 6,908         | \$ 38,400            |
| Liaison/Convention       | 13,138            | 13,175           | 2,800            | 16,300               |
| Management Committee     | 17,925            | 27,200           | 7,169            | 27,200               |
| Membership Committee     | 4,212             | 6,300            | -                | 6,300                |
| Taxation Committee       | 1,383             | 1,050            | 261              | 1,050                |
| Product Accept. Comm.    | -                 | -                | -                | -                    |
| Editorial Board          | -                 | -                | -                | -                    |
| Dental Third Party Plans | -                 | -                | -                | 2,400                |
| President's Expense      | 23,100            | 25,000           | 3,305            | 22,000               |
| TOTAL                    | \$ 103,660        | \$ 111,125       | \$ 20,443        | \$ 113,650           |

Amounts were calculated as follows:

Executive Council meetings \$3,200 per day x 12 days.

Liaison/Convention includes full per diems for Management Committee (half day per diems for other ex-council members) attending convention, ad hoc committee activity.

Management Committee \$1,100 per day x 12 days plus 20 days additional to cover other than CDA scheduled meetings.

Membership Committee \$ 1050 per day x 6 days.

Balance of Executive Council committee chairmen are not paid per diems as they are not council chairmen or Executive Council members.

CANADIAN DENTAL ASSOCIATION  
BUDGET/PROJECTIONS

SCHEDULE (6)

PROPERTY MANAGEMENT

| REVENUE:              | Actuals<br>1983 | Budget<br>1984 | 4 Mth<br>Actuals | Budget<br>1985 | Projected<br>1986 | Projected<br>1987 |
|-----------------------|-----------------|----------------|------------------|----------------|-------------------|-------------------|
| CPHA                  | \$ 47,930       | \$ 47,930      | \$ 15,977        | \$ 70,000      | \$ 70,000         | \$ 70,000         |
| Alcron                | 23,919          | 23,919         | 11,333           | 40,866         | 40,866            | 40,866            |
| CUHA                  | 2,664           | 23,310         | 7,770            | 37,296         | 38,406            | 38,406            |
| RCFC                  | 918             | 10,098         | 3,366            | 11,245         | 12,852            | 12,852            |
| Clen-                 |                 |                |                  |                |                   |                   |
| denning               | 300             | 2,653          | 1,260            | 3,780          | 3,780             | 4,725             |
| FMHC                  | 125             | 1,375          | 500              | 1,750          | 1,750             | 1,750             |
| ODS                   | 100             | 900            | 300              | 900            | 900               | 900               |
| Parking               |                 | 3,500          | 1,600            | 4,800          | 4,800             | 4,800             |
| TOTAL REVENUE         | \$ 113,726      | \$ 135,227     | \$ 42,106        | \$ 170,637     | \$ 172,244        | \$ 174,299        |
| Escalation            |                 | 8,582          | 5,617            | 6,290          | 6,800             | 7,500             |
| TOTAL PROJECTIONS     | \$ 116,308      | \$ 142,003     | \$ 47,723        | \$ 176,927     | \$ 179,044        | \$ 181,799        |
| EXPENSES:             |                 |                |                  |                |                   |                   |
| Depreciation          | \$ 47,632       | \$ 51,800      | \$ 15,622        | \$ 60,800      | \$ 60,800         | \$ 60,800         |
| Mortgage Interest     | 48,700          | 85,000         | 15,485           | 72,000         | 72,000            | 72,000            |
| Realty Tax            | 42,149          | 48,000         | 20,265           | 52,800         | 58,080            | 63,888            |
| Insurance             | 3,744           | 4,800          | 1,282            | 5,280          | 5,808             | 6,359             |
| Light, Heat, Water    | 37,004          | 48,000         | 16,652           | 52,800         | 58,080            | 63,888            |
| Repair & Maintenance: |                 |                |                  |                |                   |                   |
| Labour                | 16,626          | 14,100         | 4,220            | 15,510         | 17,061            | 18,767            |
| Security -            |                 |                |                  |                |                   |                   |
| Grounds               | 6,401           | 7,700          | 1,425            | 8,470          | 9,317             | 10,249            |
| Supplies              | 3,099           | 4,000          | 928              | 4,400          | 4,840             | 5,324             |
| Lge Equip.            | 13,055          | 16,500         | 4,164            | 18,150         | 19,965            | 21,962            |
| Misc.                 | 3,040           | 3,500          | 323              | 3,850          | 4,236             | 4,657             |
| Renovations           | 4,450           |                | 4,550            | 5,000          | 5,000             | 5,000             |
| TOTAL EXPENSES        | \$ 225,900      | \$ 283,400     | \$ 84,896        | \$ 229,060     | \$ 315,187        | \$ 332,896        |
| EXCESS OF EXPENSE     | \$ (109,592)    | \$ (141,397)   | \$ (37,173)      | \$ (152,223)   | \$ (136,143)      | \$ (151,027)      |

CANADIAN DENTAL ASSOCIATION  
BUDGET/PROJECTIONS

SCHEDULE (7)

DAT FINANCIAL PROFILE

|                                   | Actuals<br>1983 | Budget<br>1984 | 4 Mth<br>Actuals | Budget<br>1985 | Projected<br>1986 | Projected<br>1987 |
|-----------------------------------|-----------------|----------------|------------------|----------------|-------------------|-------------------|
| Net Profit                        |                 |                |                  |                |                   |                   |
| Net Profit                        | \$ 93,549       | \$ 104,000     | \$ 77,005        | \$ 115,000     | \$ 123,500        | \$ 123,500        |
| Expenses                          |                 |                |                  |                |                   |                   |
| EXPENSE:                          |                 |                |                  |                |                   |                   |
| Printing/Promotion                | \$ 30,131       | \$ 24,000      | \$ 13,966        | \$ 29,500      | \$ 32,450         | \$ 35,000         |
| New Materials                     | \$ 3,843        | 12,000         | 21               | 22,500         | 23,000            | 4,000             |
| Grading/Processing                | 9,817           | 10,000         | 2,219            | 12,000         | 13,200            | 14,500            |
| Fees for Service                  | 8,532           | 12,000         | 4,855            | 14,000         | 14,000            | 14,000            |
| Shipping                          | 3,306           | 3,500          | 3,285            | 3,700          | 4,070             | 4,400             |
| Validation Research               | 1,370           | 6,000          | ---              | 6,000          | 6,000             | 6,000             |
| TOTAL DIRECT COST                 | \$ 56,999       | \$ 67,500      | \$ 24,346        | \$ 87,700      | \$ 92,720         | \$ 77,900         |
| Travel Meetings                   | \$ 24,731       | \$ 16,500      | \$ 16,726        | \$ 37,000      | \$ 40,700         | \$ 44,000         |
| TOTAL EXPENSE                     | \$ 81,730       | \$ 84,000      | \$ 41,072        | \$ 124,700     | \$ 133,420        | \$ 121,900        |
| EXCESS OF REVENUE<br>OVER EXPENSE | \$ 11,819       | \$ 20,000      | \$ 35,933        | \$ (9,700)     | \$ (9,920)        | \$ 1,600          |

NOTE: Amounts shown for new materials reflect orders of two year supplies of chalk in both 1985 and 1986.



CANADIAN DENTAL ASSOCIATION  
BUDGET/PROJECTIONS

NOTES

REVENUE :

FEES

See Schedule (1).

JOURNAL REVENUE

Journal revenue for 1985 was based on a 9.5% sales increase. The percentage of increase was set from previous years' experience and without an increase to the advertising rates it is felt the objective will be met. The rate of increase for the 1986/87 projections has been raised to 10% which reflects expected increases to the advertising rates.

Subscription rates will increase for the first time in two years from:

\$35 Canada/USA to \$38

\$38 Other countries to \$42

D&T PROGRAM

Forecast revenue calculated on 1,700 applicants at \$65 plus sale of extra chalk packages. 1986/87 is projected with an increase to the package price by \$5.00.

DENTAL INCOME

Changes based on renewal of leases at \$14 per sq. ft. Renewals affecting 1985 income include Canadian Pharmaceutical Association, Alcron, Canadian Council on Hospital Accreditation and Federation of Medical Women.

GRANTS EDR 1985

Includes \$15,000 NDEB for Accreditation

12,000 CFDE for Student Conference & Teaching Conference

\$34,000

INTEREST

Projected revenue increased due to higher rates and past experience.

ACCREDITATION

Projections based on continuance of per year payments through ACFD for School surveys and on known Hospital surveys.

EDI REC/POY

Balance reflects CDA's portion of FDI memberships administered through national headquarters.

DENTAL HEALTH MONTH

Amount proposed reflects expected cost recovery on Dental Health Month materials developed yearly by CDA.

ANNUAL CONVENTION

Estimate is included as an accounting procedure. The Association does not anticipate either profit or loss; however, should either occur the amount is absorbed through the revenue or expenses of the year of the event.



CANADIAN DENTAL ASSOCIATION  
BUDGET/PROJECTIONS

NOTES

EXPENSES:

SALARIES & BENEFITS

Projections include the possibility of additional staff.

JOURNAL

Expenses are based on present experience and were projected with a 10% increase. Salaries & Benefits for Journal staff were calculated with the general estimates and subsequently split to Journal expense.

Sundry expense in 1985 includes \$3,000 for a Readership Survey. Freelance writing is a new line item..

GENERAL &  
ADMINISTRATION

Budgeted at 10% per year increases except for the following line items:

- 1) Office Equipment/Purchases & Repair  
Increased to reflect projected replacement of desks and possible requirement for screens.
- 2) Library expenses budgeted on 1983 actuals with possibility of additional amounts allocated to this category for subscription and book expense overage.

TRAVEL & MEETING

Projected expenses were based on an averaged travel expense of \$585 per person per meeting and \$170 maintenance expense per person per day.

Management Committee has been estimated with an extra 20 days travel and maintenance for two people.  
President's expense for extra travel and maintenance was based on 55 days.

Council on Education projections include meeting expense for Ad Hoc Committees, on Documentation and Licensure, and chairmans' travel to ACED, NDEB, CPDE meetings.  
DAB Committee budgets include \$14,000 per year for validation workshop activity.

Information Services is projected at 3 two day meetings in anticipation of Dental Awareness activity.

CANADIAN DENTAL ASSOCIATION  
BUDGET/PROJECTIONS

NOTES

EXPENSES:

ACCREDITATION

SURVEY expense has been projected using the travel and accomodation formula on each individual survey. In most cases the practice of attending to more than one survey at a time will continue and the year end results should be underbudget.

HONORARIA &  
PER DIEMS

See Schedule 5.

PROPERTY  
MANAGEMENT

Depreciation expense and mortgage interest projections reflect the possibility of remortgaging to cover the 1984 elevator addition and proposed expansion to parking area.  
New line "renovations" has been added to Repair & Maintenance to cover increasing upkeep requirements of building; painting, repairs, etc.

CDA per sq. ft. cost id. 1983:

|                   |                                 |
|-------------------|---------------------------------|
| Total expense     | \$225,900                       |
| less: Revenue     | 116,308                         |
| CDA footage 9,990 | \$109,592 = \$10.97 per sq. ft. |

Project CDA cost 1985:

|                   |                                 |
|-------------------|---------------------------------|
| Total Expense     | \$302,060                       |
| less: Revenue     | 176,832                         |
| CDA footage 9,990 | \$125,223 = \$12.53 per sq. ft. |

CANADIAN DENTAL ASSOCIATION  
BUDGET/PROJECTIONS

ACCREDITATION PROFILE

School Survey DS/H & D/A  
School Survey U/G & P/G  
Fee for Services

TOTAL SCHOOL SURVEY

Hospital Survey  
Fee for Services

TOTAL HOSPITAL SURVEY

TOTAL SURVEY EXPENSE

313

Expense to May 31, 1984

Balance of 1984 Budget

Survey Expense rounded  
Overhead includes  
Salaries & Benefits and Admin.

TOTAL ACCREDITATION EXPENSE

# ACCREDITATION SURVEYS PROJECTIONS

The Accreditation Department has projected 18 school surveys involving 15 site visits and 11 hospital surveys for the time period running from September, 1984 to June, 1985. The Accounting Department has prorated the expenses to reflect ODA's fiscal period which is the calendar year.

|                                                       | 1983<br>Actuals  | 1984<br>Budget   | 1985 - 87<br>Projections |
|-------------------------------------------------------|------------------|------------------|--------------------------|
| <b>SCHOOL SURVEYS</b>                                 |                  |                  |                          |
| Undergrad & Post Grad                                 | \$ 11,885        | \$ 15,000        | \$ 16,000                |
| Auxiliaries                                           | 2,626            | 5,000            | 12,000                   |
| Surveyors fees                                        | 4,500            | 8,000            | 2,200                    |
| Sub Total / Schools                                   | \$ 21,011        | \$ 28,000        | \$ 37,200                |
| <b>HOSPITAL SURVEYS</b>                               |                  |                  |                          |
| Hospital Program                                      | \$ 6,504         | \$ 8,000         | \$ 8,800                 |
| Surveyors fees                                        | 3,525            | 4,000            | 4,000                    |
| Sub Total / Hospitals                                 | \$ 10,029        | \$ 12,000        | \$ 12,800                |
| <b>TOTAL SURVEY EXPENSE</b>                           | <b>\$ 31,040</b> | <b>\$ 40,000</b> | <b>\$ 50,000</b>         |
| <b>OVERHEAD EXPENSE</b>                               |                  |                  |                          |
| School Surveys                                        | \$ 6,570         | \$ 7,227         | \$ 7,949                 |
| Hospital Surveys                                      | 3,384            | 3,722            | 4,094                    |
| <b>SALARIES &amp; BENEFITS</b>                        |                  |                  |                          |
| School Surveys                                        | \$ 63,729        | \$ 57,856        | \$ 60,685                |
| Hospital Surveys                                      | 7,255            | 8,003            | 8,395                    |
| <b>OVERHEAD AND PAYROLL EXPENSE</b>                   | <b>\$ 80,938</b> | <b>\$ 76,808</b> | <b>\$ 81,123</b>         |
| <b>TOTAL ACCREDITATION EXPENSE</b>                    | <b>\$114,978</b> | <b>\$116,808</b> | <b>131,123</b>           |
| <b>ANNUAL REVENUE TO OFFSET ACCREDITATION EXPENSE</b> | <b>\$ 92,600</b> | <b>\$ 92,600</b> | <b>\$ 92,600</b>         |

## Proration of overhead costs:

1983 cost of occupancy at \$14 per sq. ft.  
times approximately 400 sq. ft.  
1% of administration costs 1983  
1% of administration salaries 1983

\$ 5,600  
2,967  
1,387

\$ 56,290  
9,569

| Overhead Costs / Accreditation | \$ |
|--------------------------------|----|
| 9,954                          |    |

Total Payroll expense / Accreditation

6588,59 g

School Surveys were 66% of total 1983 survey cost. 1983 Auxiliaries portion of School Survey Expense was 22%

### Breakdown of overhead expense

Under Grad/Post Grad

## Auxiliaries

Split for School Surveys  
Split for Hospital Survey

\$ 5,125  
1,445

\$ 6,570  
3,384

Overhead costs / Accreditation

9.954

\*Adjustments: The Director of Accreditation advises that 66 2/3% of his time is spent on accreditation. The Co-Ordinator's position is assumed to be a full time accreditation expense and is prorated as 70% Schools / 30% Hospital.

Revenue amount based on:

Survey fees paid through ACFD

\$ 11,600

NDEB Grant

15,000

Accreditation portion of

Corporate fee

60,000

Surveys paid direct

6.000

\$92,600

## MILLARD, DesLAURIERS &amp; SHOEMAKER

CHARTERED ACCOUNTANTS

AUDITORS' REPORT

The Board of Governors  
Canadian Dental Association

We have examined the statement of receipts and disbursements for the Canadian Dental Association, Canadian Dentists Insurance Program for the year ended December 31, 1983. Our examination was made in accordance with generally accepted auditing standards, and accordingly included such tests and other procedures as we considered necessary in the circumstances.

In our opinion, this statement of receipts and disbursements presents fairly all of the receipts and disbursements related to the Canadian Dental Association, Canadian Dentists Insurance Program for the year ended December 31, 1983.

TORONTO, CANADA

February 10, 1984

*Millard, DesLauriers & Shoemaker*  
Chartered Accountants

CANADIAN DENTAL ASSOCIATION  
CANADIAN DENTISTS INSURANCE PROGRAM  
STATEMENT OF RECEIPTS AND DISBURSEMENTS  
FOR THE YEAR ENDED DECEMBER 31, 1983

(With comparative figures for the year ended December 31, 1982)

|                                                      | <u>1983</u>                | <u>1982</u>                |
|------------------------------------------------------|----------------------------|----------------------------|
| Receipts                                             |                            |                            |
| Gross premiums, net of refunds (Note 2)              | \$10,727,758               | \$ 9,341,731               |
| Refund from insurers<br>(re: graduates package 1981) | -                          | 30,887                     |
| Interest                                             | <u>12,078</u>              | <u>15,759</u>              |
|                                                      | <u>10,739,836</u>          | <u>9,388,377</u>           |
| Disbursements                                        |                            |                            |
| Net insurance premiums (Note 2)                      | 7,874,132                  | 6,817,594                  |
| Fees to outside administrators (Note 3)              | 452,763                    | 410,882                    |
| Printing expenses                                    | 33,504                     | 27,666                     |
| Professional fees                                    | 6,175                      | 5,625                      |
| Committee expenses                                   | 7,222                      | 5,446                      |
| Promotion expenses                                   | 81,586                     | 83,565                     |
| Director of plans                                    | 17,474                     | 13,014                     |
| Graduate package                                     | <u>2,951</u>               | <u>29,960</u>              |
|                                                      | <u>8,475,807</u>           | <u>7,393,752</u>           |
| Excess of receipts over disbursements                | 2,264,029                  | 1,994,625                  |
| Cash in bank at beginning of year                    | <u>2,407,787</u>           | <u>879,772</u>             |
|                                                      | 4,671,816                  | 2,874,397                  |
| Transfer of cash to general bank account             | <u>(493,894)</u>           | <u>(466,610)</u>           |
| Cash in bank at end of year                          | <u><u>\$ 4,177,922</u></u> | <u><u>\$ 2,407,787</u></u> |



CANADIAN DENTAL ASSOCIATION  
CANADIAN DENTISTS INSURANCE PROGRAM  
NOTES TO STATEMENT OF RECEIPTS AND DISBURSEMENTS  
FOR THE YEAR ENDED DECEMBER 31, 1983

1. Statement of Receipts and Disbursements

The statement of receipts and disbursements includes only those receipts and disbursements of the Canadian Dentists Insurance Program. Other transactions of the Canadian Dental Association are not included in this statement.

2. Reconciliation of Net Insurance Premiums to Gross Premiums

|                                                                         | <u>1983</u>         | <u>1982</u>         |
|-------------------------------------------------------------------------|---------------------|---------------------|
| Total net insurance premiums per financial statement.                   | \$ 7,874,132        | \$ 6,817,594        |
| Net premiums received in current year but not paid until following year | 1,060,391           | 958,784             |
| Net premiums paid in current year in respect of the previous year       | <u>(29,354)</u>     | <u>(29,220)</u>     |
|                                                                         | 8,905,169           | 7,747,158           |
| Multiplied by a factor of 115%                                          | <u>x 1.15</u>       | <u>x 1.15</u>       |
|                                                                         | 10,240,944          | 8,909,232           |
| Premiums in respect of current year received in previous year           | (1,232,073)         | (802,428)           |
| Premiums for following year received in current year                    | 1,716,700           | 1,232,073           |
| Premiums for previous year received in current year                     | 2,067               | 1,202               |
| Refund cheques for previous year issued in current year                 | -                   | (1,149)             |
| Unreconciled amount                                                     | <u>120</u>          | <u>2,801</u>        |
| Total gross premiums per financial statements                           | <u>\$10,727,758</u> | <u>\$ 9,341,731</u> |

CANADIAN DENTAL ASSOCIATION

CANADIAN DENTISTS INSURANCE PROGRAM

NOTES TO STATEMENT OF RECEIPTS AND DISBURSEMENTS

FOR THE YEAR ENDED DECEMBER 31, 1983

Page Two

3. Administration Agreement

Canadian Dental Association, Canadian Dental Service Plans Inc., Reed Stenhouse Associates Limited and Reed Stenhouse Limited have entered into a three year administration agreement expiring December 31, 1983. Fees paid to the administrators, Reed Stenhouse Associates Limited and Reed Stenhouse Limited under the agreement are:

|                                                          | <u>1983</u>       | <u>1982</u>       |
|----------------------------------------------------------|-------------------|-------------------|
| Net insurance premiums per financial statements (Note 2) | \$ 7,874,132      | \$ 29,220         |
|                                                          | \$ 6,817,594      |                   |
| Fee rate per administration agreement                    | <u>5.75%</u>      | <u>6.25%</u>      |
|                                                          | <u>6.00%</u>      |                   |
| Fee to administrators per financial statements           | <u>\$ 452,763</u> | <u>\$ 1,826</u>   |
|                                                          | <u>\$ 409,056</u> | <u>\$ 410,882</u> |

## FDI - MONTREAL 1991

Factors to consider:

1. CDA desire to hold an FDI Congress - considering that the previous FDI Congress in Canada was in 1977 - a 14 year interim period would appear reasonable so we can expect the FDI to look at Canada for a Congress in the 90's. The USA will hold a Congress in 1988 which is 14 years since their last Congress in Chicago in 1974.
2. The desire of the provincial dental organizations to participate in the Congress.

.without the assistance, co-operation and desire of the provincial dental organizations the Congress would be impossible to implement or at least very difficult.

.the willingness of the QDSA to participate has been assured by Dr. Chicoine which alleviates much of the above concern.

3. In order to ensure financial success it is necessary to ensure high Canadian enrolment especially from the province where the Congress is being held.

Such high attendance can be ensured if the Congress is held as a joint meeting with CDA and the provincial dental organization responsible for the annual provincial convention.

In the case of Quebec the Order of Dentists of Quebec are responsible for their annual dental meeting. If the Order would hold their annual meeting in conjunction with the FDI and CDA in 1991 it would ensure a high attendance as approximately 1800 to 2000 Quebec dentists attend their annual convention. It is realized there are financial considerations which will be referred to later.

4. Attendance from the remaining provinces of Canada can be greatly improved from that of the recent CDA/ODQ convention if the Congress is held, in the normal FDI Congress period of September or October and the Congress is not in close proximity to a previous CDA convention or other convention.

Attendance from U.S. dentists will probably not be high (such was the case in 1977) as most U.S. dentists attending an international convention go further afield.

However, strong promotion and advertising in those states in the Northeastern U.S. would assist in improving such attendance in view of the appeal of Montreal.

5. Attendance from other FDI countries will probably be varied but it is anticipated that a significant contingent would be present from Germany, Sweden and Japan as is the case at every FDI Congress and in view of the location from France. The attendance from other countries is impossible to speculate on.
6. The availability of suitable Congress facilities and hotel accommodation in Montreal to ensure acceptability to the FDI.

In view of the recent CDA/ODQ convention in Montreal these factors are not problems subject to the assured availability of both.

The location of the trade exhibition in the same Congress centre as the scientific program is excellent - a factor not available in most cities.

7. Acceptance of the FDI rules for holding an FDI Congress as follows:

(a) Invitations

Invitation must be presented in writing to the FDI Executive Director not less than 4 years in advance of the Congress. The invitation must be supported by all member Associations of the inviting country and must be submitted at least 150 days in advance of the Session of the General Assembly of the FDI at which it will be considered.

The invitation must specify (1) the city; (2) Congress facilities; (3) proposed dates; (4) that existing governmental regulations would not impede the normal running of a Congress; (5) the conditions under which a military Conference can be held (6) whether it is customary at Congresses in the host country to charge participants an enrolment fee.

After receipt of the invitation the FDI Executive Director will visit the intended Congress site to see the facilities prior to consideration of the invitation by FDI General Assembly not less than three years in advance of the Congress.

(b) Financial Considerations

- (i) Enrolment fee - 15% of each to FDI  
in addition the net surplus shall be divided equally  
between the host country and the FDI.

- (ii) If an enrolment fee is not applicable, a negotiated sum per participant to be paid to the FDI and agreed to prior to acceptance of the invitation.
- (iii) Negotiations regarding hotels and airlines fee, accommodation and travel to take place during the first visit of the Executive Director and to include the host association (CDA) and the FDI.
- (iv) A negotiated percentage up to a ceiling of 10% of the gross rental collected from the trade exhibition to be paid direct to the FDI. The percentage to be agreed to prior to acceptance of the invitation.  
  
The host country therefore assumes financial responsibility.
- (iv) Simultaneous interpretation (5 languages) must be included. The total teams required and the technical equipment is a considerable expense.
- (vi) Funds are required for travel and subsistence for the main speakers on the Scientific programs, main themes as well as a two day preparatory meeting of the Chairman and Vice-Chairman of the Scientific Program Committee of the FDI and the Organizing Committees, Scientific Sub-Committee.
- (vii) FDI strongly recommends that additional income be obtained from sources other than enrolment, such as government, industry and commerce.

(c) Organizing Committee

- consists of 8 members
- Host association designates a chairman, secretary and a treasurer of the Committee
- the officers/members of the Committee should include:
  - one with an intimate knowledge of the FDI
  - one with a scientific background
  - one with a good knowledge of meeting organization and technical requirements of a Congress
  - a military officer for co-ordinating the military conference
  - one with a business knowledge
  - public relations officer

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Sub-Committees

- Scientific
- Social (Entertainment)
- Exhibition (Trade)
- Ladies
- Technical
- Military

It is essential for the Chairman, Secretary and in addition at least the chairmen of the Scientific and Military sub-committees to attend dental congresses prior to the one they are responsible for.

(d) Meeting Rooms

- (i) Large auditorium - 5000 people
  - opening ceremony
  - major scientific presentation
- (ii) Medium sized hall - 500 people
  - general assembly
  - major scientific program
  - meetings
- (iii) Two to three rooms - 50-150 people
- (iv) Smaller rooms
  - table clinics
  - films
- (v) FDI Offices - 9 rooms
  - (a) Executive Director & Executive Secretary
  - (b) Two rooms for Secretariat
  - (c) One room for assistants to Executive Director
  - (d) One large room for duplicating
  - (e) Three rooms for President, President-elect, Treasurer, Speaker & Commission Officers
  - (f) One large room or two smaller for interpreters

Rental and installation costs for FDI offices are responsibility of Organizing Committee of CDA.



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RECOMMENDATIONS

1. Forward a formal application to hold an FDI/CDA Congress in Montreal, Quebec in 1991 by June 1985 if the following conditions can be met:
  - (a) agreement of both Quebec dental organizations, QDSA and ODQ, to work with the CDA in holding such a Congress.
  - (b) agreement of the ODQ to cancel "Les Journees Dentaire" and the agreement of CDA to cancel the annual convention in 1991 or that the ODQ and CDA hold their meetings in conjunction with the Congress in September 1991.
  - (c) agreement of CDA, QDSA and ODQ on a Congress chairman with adequate experience such as Dr. Michel Jahjah.

The above agreements could be proposed at a meeting of the Presidents (and possibly others) of the three organizations and should be resolved positively prior to actioning the following recommendations.

2. Invite Dr. Ahlberg, Executive Director of the FDI to visit Montreal to:
  - (a) view facilities - Congress hotel
  - (b) meet with CDA and organizing committee chairman if possible to discuss
    - fees — enrolment
    - fees in lieu of enrolment
    - hotel and airline free accommodation
    - trade exhibitor negotiated fee
    - simultaneous translation costs
    - approximate costs for main speakers etc.
3. Appoint a Secretary, Treasurer and the Chairman of the Organizing Committee and then these individuals organize the full committee.
4. Ensure that the military conference can be held by correspondence to the Minister of National Defence through the Director General Dental Services.

Respectfully submitted

W.R. Thompson, D.D.S.,  
Past-President.



REPORT OF AD HOC COMMITTEE ON  
DENTAL THIRD PARTY INSURANCE

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Members: Dr. D.E. MacFarlane, British Columbia, Chairman  
Dr. D. Gutkin, Manitoba  
Dr. H. Horsman, New Brunswick  
Dr. W.G. Leggett, Ontario

Dr. P.R. Crawford, Executive Liaison, Manitoba

RECOMMENDATIONS

1. A Committee on Dental Third Party Plans be established by the CDA.
2. Terms of Reference of such a Committee:
  - 1) To act on behalf of the CDA to assist its members in their interaction with third party plans on the national level and communicate to the members via the Communiqué and the Journal on Dental Third Party Plans.
  - 2) To liaise with representatives of the Canadian Health Life Insurance Association, the non-profit dental plans and National Government Dental Payment agencies (services to Indians, Inuit, Veterans and RCMP).
  - 3) To liaise with Provincial Dental Associations regarding third party plans via Provincial Third Party Committees (such as Dental Prepayment Advisory Committee in Ontario).
  - 4) To communicate with consumer groups, company personnel administrators and employee benefits administrators.
  - 5) To be responsible for the ongoing review and administration of the CDA standard claim forms, the CDA list of fee codes and CDA list of dental services.
  - 6) To identify and inform Executive Council on matters in the third party area which require national lobbying with the Canadian Government.
  - 7) To be responsible for review and then monitoring of alternative methods of delivery of dental care. (capitation, closed panels, preferred provider organizations).

REPORT OF AD HOC COMMITTEE  
ON DENTAL THIRD PARTY INSURANCE

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3. Structure:

- Standing Committee of the Executive Council
- Composition

Four dentists

Executive Liaison

CDA staff resource person

Two dental plan representatives - one from CHLIA  
- one from non-profit

The four dentists should be selected on the basis of their expertise but with a sensitivity to the fact that whenever possible no one province should be unduly represented. The expertise required will include dealing with third party plans on a provincial basis, dental office computer experience and if possible an individual who has worked with Health Care Council in this area.

CDA staff person - to provide an ongoing contact person for effective communication by any organization or Canadian dentist so that current information can be provided rapidly. This is considered to be one of prime importance to the success of the Committee.

Dental plan representatives - if possible, one a dental consultant and the other an insurance representative.

Term - suggested that the appointments be for two years with three renewals. Initially, two of four, for one year, two of four, for two years.

Executive Council agrees and further recommends that Item # 4 in the Terms of Reference be changed to read:

4) In co-operation with provincial associations  
to act as an information source to consumer  
groups, company personnel administrators  
and employee benefits administrators.

# REPORT OF AD HOC COMMITTEE ON THIRD PARTY DENTAL INSURANCE

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## 4. Communications:

This is one of the major focuses of this Committee, initially the Committee will need to meet frequently to develop and communicate the guidelines that will work effectively for Canadian dentistry. With a strong Committee and the centralization of resource material and very regular communication with National dental plans this Committee should be most effective.

- Identify lobbying needs on the national level - Indian, Inuit, Veterans and RCMP.
- Co-ordinate activities with Provincial Third Party Committees or with the person in each province who deals with third parties. Often this is Executive Director or the President. This Committee will likely suggest to each province they establish a Third Party Committee.

## 5. Studying and Monitoring of Alternate Delivery Systems:

- substantial amount of time and money commitment involved in this aspect of Committee's work.
- possibility of creating sub-committee for this item.
- possibility of extra members being recruited for their expertise in this area rather than Dental Insurance.
- Committee will take back responsibility for monitoring once information has been gathered and brought up to date.

## 6. Representatives:

Dental Prepayment Advisory Committee representative from Ontario  
Computer expertise

Chairman to make inquiries as to other possible members.

Executive liaison

Staff resource person

Staff person at CDA office

Insurance industry representatives - CHLIA, non-profit organizations  
(dental consultant and administrative person).

REPORT OF AD HOC COMMITTEE ON  
THIRD PARTY DENTAL INSURANCE

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7. Other Recommendations :

The Chairman should provide informal advice to Executive Council on potential nominees and ways to implement recommendations.

The Chairman should be present to present report to Board of Governors.

Letter and summary to go to Health Care Council after Executive Council meeting.

Consideration should be given to CDA funding of the insurance industry representatives.

if funded the Committee gets to pick their person  
if not funded they send who they want

Select key people from the insurance industry from area where main meetings of Committee and provincial representatives are to be held.

Invite representatives from non-profit area and distribute information on Committee's activities for their information.

Insurance representatives could be appointed for a two year term alternating one for one year, one for two years in initial appointments; after that two year terms.

Suggest this kind of term with specific provision that if representative proves to be essential individual it is perfectly acceptable to re-nominate.

It was further noted that upon submission of this report to Executive Council the mandate of the Ad Hoc Committee on Third Party Dental Insurance had been fulfilled and the Committee is now disbanded.

Respectfully submitted,

D.E. MacFarlane, D.M.D.  
Chairman,  
Ad Hoc Committee Third  
Party Dental Insurance

ADOPTION OF REPORT:

The Board of Governors accepts the Report of the Ad Hoc Committee with appreciation to the Chairman.

AD HOC COMMITTEE

THIRD PARTY PAYMENT DENTAL PLANS

Whereas there is increasing activity and concern within the area of Third Party Dental Payment, such as capitation, closed panel plans, government assisted programs, preferred provider organizations, assignment of benefits, etc..

**BE IT RESOLVED:**

**THAT an Ad Hoc Committee - Third Party Payment Dental Plans of the CDA, be instituted with the following terms:**

**WHEREAS:**

it has been acknowledged that continuous communication with the dental insurance industry is necessary in order to create and preserve a unified standard approach to third party insurance dental plans reporting and payment procedures

**WHEREAS:**

it has been acknowledged that different forms of providing third party payment support for dental services (i.e. capitation closed panels, preferred provider organizations, etc.) have been implemented in other North American areas

**WHEREAS:**

the Canadian Dental Association and its corporate members have established standardized service code numbers, standardized insurance reporting claim forms, standardized computer claim mechanisms, etc. and all parties desire to continue this common procedural approach.

The following terms of reference are established for the Ad Hoc Committee  
- Third Party Payment Dental Plans:

1. To identify the role of the Canadian Dental Association with respect to assisting its members in interactions with dental insurance carriers and other third party agents at the national level.
2. To identify the CDA's role on how it may best liaise with provincial dental associations regarding concerns about issues related to dental insurance companies and other third party payment agencies.
3. To recommend how the Canadian Dental Association may best interact with the Canadian Health and Life Insurance Association, national dental insurance companies who are not members of CHLIA, and any other national third party payment agencies (i.e. Federal government, national corporations, etc.,) providing financial support for dental services.
4. To recommend a structure within the Canadian Dental Association that could efficiently and effectively implement the objectives of items 1-2-3 of these terms of reference in a prompt manner.
5. To report the findings and recommendations of this study to Executive Council by June 15, 1984.

April, 1984

CDA TASK FORCE ON CONVENTION  
PLANNING

REPORT TO ANNUAL CDA BOARD OF GOVERNORS MEETING  
SEPTEMBER 1984

Members: Dr. T. Ramage, Chairman, British Columbia  
Dr. P. Greeves, Alberta  
Dr. G. Stirling, Ontario

Mr. H. Drouin, Executive Director, CDA  
Miss L. Teteruck, Director of Educational  
Services, CDA

1. MEETINGS

The Committee has met twice, on April 10, 1984 in Montreal and on May 22, 1984 via conference call.

2. ITEMS DISCUSSED

(a) Necessity for a CDA Convention Every Year

It was concluded that there was the need for a yearly CDA convention although the format in certain locales may involve a conjoint meeting with the provincial body (i.e. Toronto, Montreal and possibly Vancouver).

(b) Potential Sites/Locales

It was felt that at present, only certain sites could accommodate a CDA convention.

| <u>Site</u> | <u>Favourable Time of Year*</u>   |
|-------------|-----------------------------------|
| Vancouver   | September                         |
| Calgary     | Aug.to September                  |
| Edmonton    | Aug.to September                  |
| Winnipeg    | September                         |
| Ottawa      | September                         |
| Toronto     | Sept. (May if conjoint with ODA)  |
| Montreal    | Sept. (May if conjoint with QDSA) |
| Quebec City | September                         |
| Halifax     | August/September                  |

\*Selected dates should be reviewed to ensure there is no conflict with national and international dental meetings such as the ADA and FDI and any religious holidays.



## REPORT OF CDA TASK FORCE ON CONVENTION PLANNING

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Note was made that Winnipeg did not favour holding a CDA convention at the present time due to fears about poor attendance and concerns about the availability of people to undertake the organization and workload. The Task Force felt that Winnipeg's concerns should be brought forward and discussed by the Executive Council.

### (c) Planning of the Scientific Program

The choice of Scientific Chairman should rest with the General Chairman who would select the best individual for the job. Regional distinctions should not necessarily prevail if the Chairman wishes to select someone from outside the immediate convention site. The overall program should be as broad based as possible incorporating clinical dentistry, basic science and research topics in addition to other areas of interest such as practice management, computers, etc. The final program choice, however, is at the discretion of the Convention Committee with input from CDA Headquarters and the Executive on current topics of interest and/or concern.

### (d) Relationship with Specialty Sections

After lengthy discussions, it was concluded that specialty groups would be encouraged to meet in conjunction with the CDA meeting, if at all possible. It was recognized that this was not always possible, due to space restraints at certain sites and other commitments. If specialty groups choose to meet prior to CDA, they should be encouraged to allow one day in between their meetings and CDA's to allow a turn over of both bedroom and meeting room space to the CDA.

The Committee concluded that representatives of the specialty and affiliated groups who had registered for their particular annual meetings could be provided a special registration fee for access to the CDA scientific sessions and exhibits. No social tickets would be incorporated with the package, but the ability to purchase social tickets would be allowed.

### (e) Translation of Lectures

The Committee concluded that cost and overall usage should be taken into consideration in assessing the need for simultaneous translation of lectures at conventions. The following motion was passed:

**WHEREAS there are certain convention sites  
where attendance by a large bilingual audience  
is minimal and/or uncertain,**

## REPORT OF CDA TASK FORCE ON CONVENTION PLANNING

---

BE IT RESOLVED,

**THAT the necessity of providing simultaneous translation of scientific sessions be left to the discretion of the Convention Committee in consultation with the CDA Executive Council.**

### **Executive Council agrees.**

Montreal, Quebec, Ottawa and Halifax were mentioned as sites which would draw a reasonably large bilingual attendance.

The need for translation of the convention literature including the preliminary and final programs was acknowledged but suggestions were made to review the present format for greater clarity and readability.

The format of the new CDA Journal (one English and one French edition) was cited as a reference and model.

### **(f) Protocol for Future Convention Sites**

The following protocol was suggested to accomplish this:

1. CDA Executive Director contacts the Executive Director of the corporate body to discuss the prospect of holding a meeting in that province and potential dates agreeable to both groups.
2. CDA then approaches the convention bureau, hotels, congress centre, etc. re availability of space.
3. CDA confirms dates based on previous discussion with the corporate body.
4. The corporate body nominates a Convention Chairman for ratification by the CDA Executive Council

### **Future Meeting Sites**

The following sites were suggested for future CDA meetings:

|           |                                                         |
|-----------|---------------------------------------------------------|
| 1985      | Ottawa                                                  |
| 1986      | Halifax                                                 |
| 1987      | Quebec City (first choice)<br>Vancouver (second choice) |
| 1988      | Edmonton                                                |
| 1989,1990 | Toronto, Ottawa, Winnipeg or Vancouver                  |
| 1991      | Montreal                                                |

## REPORT OF CDA TASK FORCE ON CONVENTION PLANNING

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### Salary for the General Chairman

It was strongly suggested that the Chairman not receive a salary but receive the equivalent of a Council Chairman's per diem for those days in which a formal Convention Committee meeting is held.

### Review and Adjustments to the CDA Convention Protocol

Appendix F

The CDA Convention Protocol was reviewed and altered to reflect certain practical changes in the planning process. It was acknowledged that the protocol should be general and flexible to accommodate the organizational preferences of the General Chairman and the possibility of conjoint meetings with some provincial dental associations.

It was emphasized that the Convention Committee was a Committee of Executive Council and would plan all aspects of the program. The CDA staff person would act as a resource and liaison to the Committee while taking on certain centralized duties.

The entire planning of the convention would be undertaken under the Chairman's direction with the CDA staff member as a Committee member.

It was further noted that upon submission of this Report and Revised Convention Protocol to Executive Council, the mandate of the Task Force on Convention Planning had been fulfilled and the Committee is now disbanded.

Respectfully submitted,

T. Ramage, D.D.S.  
Chairman,  
Task Force on Convention  
Planning.

### ADOPTION OF REPORT:

Executive Council accepts the Report of the Ad Hoc Committee with appreciation.

CDA CONVENTION PROTOCOL  
Revised April 1984

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The preparation of a convention or conference which attracts a large number of delegates is an undertaking of enormous proportions which requires extensive planning and co-ordination. In order to provide a proper organizing committee to address such a major project on an annual basis, the following recommendations are proposed.

Structure

Stage I - Convention Pre-Planning Committee

Purpose: to meet prior to the formation of a CDA Convention Committee to review and discuss convention policies, procedures and guidelines.

Membership:

1. General Convention Chairman - to be appointed by CDA on recommendation from the host province no less than two years from the meeting date. Chairmanship to expire upon completion of convention business.
2. Chairman - Local Arrangements - to be selected by the General Chairman and ratified by CDA to act as support to all other Chairmen.
3. Chairman - Social Programs - to be selected by General Chairman for ratification by CDA.
4. Chairman - Scientific Program - to be selected by General Chairman for ratification by CDA.
5. CDHA - Chairman - to be appointed by the CDHA.
6. CDAA - Chairman - to be appointed by the CDAA.
7. Spouses' Chairman - to be selected by the General Chairman
8. Representative of the Dental Industry Association of Canada (attends at own expense).
9. Representative of the Dental Technicians (from the local area).

CDA Convention Protocol  
Revised April 1984

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10. Representatives of the Specialty Sections, meeting in conjunction with the CDA (RCDC, etc.).
11. Representative of the host Provincial Dental Association.
12. Senior staff liaison.

It is intended that the Convention Pre-Planning Committee will meet on at least one occasion to review policies on the overall theme of the convention, the scientific program and honoraria for keynote speakers, the social program theme, registration policies and budget concepts, etc.

Following this initial meeting, subsequent meetings will be held by the CDA Convention Committee in the host city on more than two occasions prior to the conference to consolidate activities.

The success of these meetings will depend largely on the work and preparation of each committee member between meetings and the support staff of the two participating associations.

Stage II -      CDA Convention Committee (A Committee of the CDA Executive Council)

Purpose -      To plan the convention and implement any policies, procedures and guidelines forthcoming from the Convention Pre-Planning Committee.

Membership

1. General Chairman, and others as designated by the Chairman to be essential to the planning of the convention.
2. CDA staff liaison.
3. Representative of the Provincial Association.

Suggested positions\*

- A. Scientific Chairman
- B. Social Chairman

CDA Convention Protocol  
Revised April 1984

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- C. Local Arrangements Chairman
- D. Spouses' Chairman
- E. Publicity Chairman ) to liaise with
- F. Registration Chairman ) headquarters staff
- G. Host Chairman
- H. CDHA Representative
- I. CDAA Representative

\*Each chairman will designate sub-chairmen and representatives as needed to action and co-ordinate activities and events. The positions suggested above are tentative and should be used as guidelines only.

### RESPONSIBILITIES

The planning and implementation of a convention is accomplished through the co-ordinated efforts of the CDA Convention Committee and support staff.

All activities are delineated and reviewed by both groups prior to implementation.

The following is a broad based outline of suggested areas of responsibilities for each group. The assignment of positions is at the discretion of the General Convention Chairman. The following are guidelines only.

#### Scientific Chairman

- To develop the scientific program
- To consult with various sections and groups of the Association re their participation in the scientific program.

#### Social Chairman

- To develop and implement a comprehensive social program as ascertained at the pre-planning meeting.
- To plan and implement special Association requirements (re Installation Luncheon).
- And any other luncheons, dinners or special events as ascertained.
- To develop Pre & Post Convention Tours in conjunction with the Local Travel Consultant.



CDA Convention Protocol  
Revised April 1984

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Local Arrangements Chairman

- To assist all other chairmen as decided at Convention Committee meetings.
- Possible areas of responsibility include
  - signs for all groups
  - ordering and setup of equipment for speakers and clinicians
  - setup of registration area
  - message centre
  - transportation and buses, etc.
  - translation of scientific session (in conjunction with CDA staff)
  - to develop Pre & Post Convention tours in conjunction with the Social Chairman

Spouses' Chairman

- Develops and implements an overall spouses' program.
- May incorporate activities for spouses of auxiliaries as well.
- Reports to the General Chairman and works in conjunction with Local Arrangements Chairman, Social Chairman and any other groups as necessary.

Host Chairman

- Undertakes hosting responsibilities for VIP'S and dignitaries.
- May undertake hosting of keynote speakers, etc. (This may also be a responsibility of the Scientific Committee.)

Publicity Chairman

- Liaises with CDA staff in the development of all publicity on the convention and the host city.
- Undertakes in-city publicity of the convention.

Registration Chairman

- Liaises with CDA staff in implementing registration policies and overseeing registration at the convention.
- Acts as a "trouble shooter" during registration.



CDHA Chairman

- Appointed by the CDHA
- Develops and co-ordinates total CDHA program in conjunction with the CDA convention program.

CDAА Chairman

- Appointed by the CDAА
- Develops and co-ordinates total CDAА program in conjunction with the CDA convention program

CDA STAFF/HEADQUARTERS

- Undertakes the following areas of responsibility in consultation with and to be reviewed by the Convention Committee
  - exhibits
  - housing (possibly by host city, convention bureau)
  - registration (in consultation with the Registration Chairman)
  - publicity (in conjunction with the Publicity Chairman)
  - preliminary program
  - final program
  - journal publicity
  - Convention minutes and correspondence - as delineated
  - Confirmation of requirements to hotels, Congres Centre, housing
  - bureau, etc.

Meeting Format

This would be left to the discretion of the Convention Committee to allow for flexibility and innovation.

Per Diems

The General Chairman is eligible for per diem expenses for authorized meetings of the Convention Committee. Other members are eligible for travel, accommodation and meal expenses only.



Convention Budget and Finances

The Convention budget is developed by the Convention Chairman on a break even basis for overall approval by the CDA Executive Council.

Should there be any profit or loss, it will be assumed by the Canadian Dental Association as is the practice with all CDA Councils and Committees.

Please amend your copy of the 1984 Transactions of the Canadian Dental Association as follows:

**Appendix G - Executive Council Report - Page 341**

**DELETE Item 5 which reads as follows:**

THAT the promotion section of the Agreement (Section 7) be amended to permit representatives of the carrier of any similar plan to present information on their insurance product at conventions, conferences, or meetings at which representatives of the carrier of the sponsored plans or CDSPI is in attendance for the purpose of providing information relating to the sponsored plans.

Items 6 & 7 should be re-numbered 5 & 6 accordingly.

The above quoted Item 5 was defeated by the Board of Governors at the September, 1984 Annual Meeting, and the incorporation of this item in the Official Transactions was the result of an administrative error at the time of printing.

Please retain this memorandum with your copy of the 1984 Transactions as an official **NOTICE OF ERROR.**

A handwritten signature in dark ink, appearing to be 'A. J. ...', is written over a horizontal line.



RECOMMENDATIONS RE CDA PARTICIPATION AGREEMENT

1. THAT the Participation Agreement have a fixed term of one year starting January 1 annually.
2. THAT any proposed amendments to the Participation Agreement by CDA or any Co-Sponsor be circulated to the CDA Board of Governors and the Co-Sponsors in the Agreement 180 days prior to the next renewal date. Board of Governors approval of amendments is required.
3. THAT a "Notice of Intent to Terminate" sponsorship of any CDA plan be given 90 days before the 180 days "Notice of Termination" presently identified in the Agreement. Reasons for intent to terminate sponsorship and the details of any replacement plan is required before the expiration of this 90 day period.
4. THAT in order to reinstate sponsorship of any plan previously terminated, application for reinstatement must be received 270 days prior to the renewal date. Reinstatement and the date of renewal will be considered for approval by the Board of Governors.
5. THAT the promotion section of the Agreement (Section 7) be amended to permit representatives of the carrier of any similar plan to present information on their insurance product at conventions, conferences, or meetings at which representatives of the carrier of the sponsored plans or CDSPI is in attendance for the purpose of providing information relating to the sponsored plans.

## RECOMMENDATIONS (cont'd.)

6. THAT the English or French text of the Agreement be altered so that both language documents are compatible.
7. THAT Communication of the Plans require the CDA to provide to Co-Sponsors any exchange of correspondence with the CDA relating to problems with or complaints of CDSPI, the insurers or CDA originating from a Co-Sponsors member when agreement is given by the member to circulate their correspondence (Section 4).



CANADIAN DENTAL ASSOCIATION / L'ASSOCIATION DENTAIRE CANADIENNE

1815 ALTA VISTA DRIVE, OTTAWA, ONTARIO, CANADA K1G 3Y6  
TELEPHONE (613) 523-1770

OFFICE OF THE PRESIDENT

MARCH 6, 1984

MEMORANDUM TO: CDA Board of Governors

FROM: Dr. Robert Hicks - President

RE: QDSA Termination of Co-Sponsorship of  
CDSPI Malpractice Insurance Plan

At the February 24-25, 1984 Executive Council meeting, QDSA indicated through their President that they will be terminating their co-sponsorship of the CDSPI Malpractice Insurance Plan. This option is available to them under the present Participation Agreement.

This action creates a number of decisions to be made by the CDA Board of Governors related to events that will occur after January 1, 1985.

The purpose of this memorandum is to identify events that will occur after January 1/85 and also to suggest some potential options available to the Board in making decisions. This memorandum does not necessarily identify all events or all potential solutions but instead intends to provide a basis for discussion on this issue.

1. ACTION:

QDSA Terminates Malpractice Insurance April 1, 1984.

2. STATUS OF CURRENT INSURANCE (CDSPI):

QDSA Member: continues in effect until  
January 1/85.

CDA Member: continues in effect until  
January 1/85.

3. STATUS OF INSURANCE AS OF JANUARY 1, 1985

QDSA Member: not eligible for CDSPI Malpractice  
Insurance

CDA Member: eligible for CDSPI Malpractice  
Insurance



4. Number of QDSA Members With CDSPI Malpractice Insurance:

As of April 1, 1984 (i.e. non-CDA members) equals approximately 900.

5. To Permit QDSA Members to Have Access to CDSPI Malpractice Insurance January 1, 1985 CDA May:

- a) Require all such QDSA members to also join CDA in order to protect their eligibility.
- b) Designate as Eligible Members those QDSA members who are not CDA members.

Designated Eligible Members are then able to apply for or renew CDSPI Malpractice Insurance.

- c) Obtain agreement that the Order of Dentists of Quebec become the co-sponsors of the Malpractice Insurance Plan or all CDSPI Insurance Plans.

6. IMPACT:

- a) Will require a QDSA member to pay \$225 CDA dues in order to purchase CDSPI Malpractice Insurance.

Unless the QDSA member is encouraged to enjoy the other benefits of being a member of CDA, it is highly unlikely that the QDSA member will join CDA to obtain CDSPI Malpractice Insurance i.e. the member will purchase QDSA sponsored insurance or private (individual) malpractice insurance.

- b) Will require CDA to create Designated Eligible Member status on all non-CDA member dentists who are licensed in the province of Quebec (or on those non-CDA members who are members of QDSA).

This will allow CDSPI to compete with QDSA sponsored malpractice insurance plans i.e. both CDSPI and Gestas Inc. Plans will be available for QDSA members. CDSPI is confident that over medium time range (i.e. 2-3 years) that CDSPI malpractice policy will survive as the best policy.

For CDA, this alternative, goes against our current policy of providing benefits for our members. By providing Designated Eligible Member status anywhere in Canada we provide to a non-member a membership benefit in a situation whereby CDA membership is required.

In this option, there is no stimulus or encouragement for QDSA to sponsor CDSPI Malpractice Insurance in the future. Once Designated Eligible Member status is created in Quebec, the QDSA member will have access to either CDA sponsor plans or QDSA sponsor plans -- a condition I would suggest will survive the test of time. In addition, it would be difficult for CDA to deny this benefit in other provinces in Canada.

- c) Will require the ODQ to become the co-sponsor of the CDSPI Malpractice Insurance or all CDSPI Insurance plans by signing a "Participation Agreement".

The present Participation Agreement does not prevent two provincial dental organizations within a province of Canada from co-sponsoring all of the CDSPI insurance plans.

This option would eliminate any future problem involving other CDSPI Insurance Plans that QDSA may wish to terminate their sponsorship of (they have indicated they may terminate sponsorship of the Office Content Insurance Plan).

In the event that the ODQ wishes to only co-sponsor those insurance plans that QDSA does not want to co-sponsor, there may be a problem with the existing Participation Agreement providing such an opportunity. Once the Agreement is signed,

all insurance plans listed in its Schedule A are co-sponsored. In the case of Malpractice Insurance and Office Content Insurance, their renewal would take place one year after the signing of the Agreement. Termination requires one year, in effect, to take place so all plans would be co-sponsored for one year and then, with appropriate termination notice, only Malpractice Insurance and Office Content Insurance would remain.

In the event that ODQ wishes to co-sponsor all or some CDSPI plans, consideration must be given to obtaining representation for them on the CDSPI Board as a participating provincial dental organization. This would provide the province of Quebec with two members on the Board whereas other provinces or areas only have one. It should also be noted that CDA is restricted in providing a Quebec and an Ontario dentist as their representatives.

7. SUMMARY:

It appears that the CDA Board of Governors must choose between options (a), (b) or (c). Possibly during discussions of this issue, additional alternatives will become evident.

It also appears that our Participation Agreement may need review and updating taking into consideration the present situation. The Agreement does not include provisions for those provinces that terminate co-sponsorship of any plan to reinstate their co-sponsorship at a later date. It does not provide a penalty for the parties to the Agreement in the event that obligations are not completed.

At the forthcoming Interim Board Meeting in April, the Board of Governors must establish policy or direction as to:

- i) What will the status of QDSA members be, with respect to access to renew or purchase CDSPI Malpractice or other non-sponsored insurance after January 1/85, in the event that the QDSA terminates their co-sponsorship?

- ii) What is CDA's policy regarding any provincial dental organization who wishes to co-sponsor any CDSPI insurance plan in a province where another provincial dental organization desires to terminate their co-sponsorship of any or all CDSPI insurance plans?
- iii) What is CDA's policy regarding access by non-CDA members to CDSPI Insurance Plans when events occur which eliminate provincial dental organization co-sponsorship in any province in Canada?
- iv) What is the status of our present Participation Agreement? Is it a good document and does it reflect all of our objectives regarding the dental profession's sponsorship of "group" insurance plans? Does the document encourage fulfillment of the obligations undertaken by those who sign the document?

The purpose of this memorandum is to provide a basis for discussion and debate on this issue. I have attempted to sort out the important issues to discuss but I do not claim to have identified all of the possible solutions. The current events before us stimulate us to seriously review the reasons why we have a national insurance program co-sponsored by the CDA and the provincial dental organizations and to decide whether these reasons are valid or not. If our decisions of the past are valid, is the present structure strong enough to ensure that our national insurance plans will survive in the future?

RNH/1e



CANADIAN DENTAL ASSOCIATION / L'ASSOCIATION DENTAIRE CANADIENNE

1815 ALTA VISTA DRIVE, OTTAWA, ONTARIO, CANADA K1G 3Y6  
TELEPHONE (613) 523-1770

OFFICE OF THE PRESIDENT

May 8, 1984

M E M O R A N D U M

TO: Presidents, Corporate Members

FROM: Robert N. Hicks, President

SUBJECT: CDA/Provincial Dental Organizations Participation  
Agreement (re: Canadian Dentists' Insurance Program)

At the interim CDA Board of Governors meeting April 8-9 in Montreal, discussion on the Participation Agreement occurred. This discussion was initiated during consideration of the possibility that Quebec (QDSA) may terminate its sponsorship of one or two plans within the Canadian Dentists' Insurance Program.

Following the conclusion of the discussion, the following Motion was adopted by the Board:

"THAT CDA in concert with CDSPI review the Participation Agreement and bring forward any recommended changes to the September 1984 annual Board of Governors meeting."

To assist CDA in its review, I am requesting that your Corporate Body review the Agreement and provide CDA with any comments or recommended changes as soon as possible (preferably before June 15 if possible). I would recommend that consultation with your CDA Governors occur in order that they may provide you with background information on the content of the initial discussions.

A few important facts should be acknowledged during your review:

- (a) the Participation Agreement is an official agreement between the national and provincial dental organizations in Canada

on how sponsorship of a national dentists' insurance program should be implemented.

- (b) The Agreement is not an agreement involving the administration aspects of our Canadian Dentists' Insurance Program. A separate agreement identifies our administrative agent i.e. Canadian Dental Service Plans Incorporated (CDSPI).
- (c) The purpose of the Participation Agreement is to reflect support of the principle that the best overall insurance program for Canadian dentists can best be achieved by national "group" plans supported by all provincial dental organizations.

Thank you for your assistance in this matter.



Robert N. Hicks, D.D.S., M.S.  
President

RNH/1e

c.c. CDA Governors  
President - CDSPI  
Chief Executive Officers, Corporate Members



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TELEPHONE (613) 523-1770

OFFICE OF THE PRESIDENT

M E M O R A N D U M

TO: Board of Governors  
FROM: Dr. Robert Hicks, President  
DATE: September 11, 1984  
RE: Review of CDA/Co-Sponsors Participation Agreement -  
CDA Insurance Plans

The following is a brief resume of Corporate members comments and recommendations subsequent to my request for such information on May 8, 1984.

I have listed each Corporate member's recommendations separately by province and followed these recommendations by my comment. The purpose of my comment is to offer a starting point or focus for discussion. The comments are not meant to direct or confine the decisions of the Board of Governors.

In addition, I have provided a summary of recommendations for amendments to the Participation Agreement. Again, my intent is to only provide a starting point for discussion.

I apologize for the late delivery of this memorandum but responses from the Corporate bodies were not received as early as I expected.



I NOVA SCOTIA

## Recommends:

1. Alter Section 3 by adding an additional 180 day "Notice of Intent to Terminate" before the existing 180 day period required to give "Notice of Termination". In addition, the Co-Sponsor shall be required to provide to the administrators of the Sponsored Plans within 90 days of issuing the "Notice of Intention to Terminate" all details of the plan or plans being considered for replacement of the Sponsored Plans.

## Comment:

Agree -- but reduce the "Notice of Intent to Terminate" to 90 days with the requirement of submission of details of the replacement plan and the reasons for terminating the plan to be submitted prior to the completion of the 90 day period.

The merit of "Notice of Intent to Terminate" is that both the administrator of the plan (CDSPI) and the other Co-Sponsors have an opportunity to review the material presented and the reasons for termination. This procedure provides the consideration that should be given to other Co-Sponsors.

2. Alter Section 2 by adding a section (2c) to entitle a previous sponsor to renew sponsorship of a plan previously terminated by providing written "Notice to Re-Sponsor" to CDA not less than 360 days prior to the renewal date of such plan in which it proposes to renew participation.

## Comment:

Agreed. The principle of a written "Notice to Re-Sponsor" is good but the time requirement for such notice could be reduced to 180 days notice prior to annual renewal date of the Participation Agreement or the Plan they propose to renew sponsorship of.

In addition, I would recommend acceptance of the Board of Governors be required in order to renew sponsorship. The termination and re-entry by a sponsor has definite effects on the other sponsors of the plans and therefore the participants in the Plans should have the opportunity to decide on who re-enters a Plan

## II QUEBEC

### Recommends:

1. Alter the wording of Clause 1(a) - Definition: "Carrier" without changing its meaning. The recommended change would define a "Carrier" as any issuer of any agreement embodying any insurance Plan or any other person with which CDA has entered into contractual or other relations providing for such insurance Plan.

### Comment:

Agreed. The English version, of the Participation Agreement should be changed.

2. Alter the wording of Section 1(e) - Definition Participating Organization such that the organization must be a corporate member of the CDA in order to sponsor any program provided by the Plan.

### Comment:

Disagree. The present situation of Q.D.S.A. withdrawing sponsorship of Malpractice Insurance and General Insurance could not be solved by seeking out another dental organization in Quebec to pick up the sponsorship of these plans in order that the dentists of Quebec could have access to the CDIP programs.

3. Change the wording in the French text in Section 2 that says "Subject to termination pursuant to Section 3, the Co-Sponsor..." so that it is compatible with the English text.

### Comment:

Agreed.

4. Change the wording in Section 2(b) to enable the Co-Sponsor to participate more easily in any other Plan not included in Schedule A of the Participation Agreement.

### Comment:

Disagree. Section 2(b) already provides participation in Plans other than those listed in Schedule A but requires approval of CDA. With the Q.D.S.A. proposal, a sponsor could sponsor a Plan in the Participation Agreement and a competing plan outside of the CDIP. It would be in the best interest of the dentists in the Province that the

## II QUEBEC (cont'd.)

4.

Comment: (cont'd)

participating sponsor investigate and report on the benefits of both plans and make a strong recommendation to its members by supporting one Plan only.

5. Add a sentence to Section 3 that would require CDSPI to identify changes to insurance premiums 90 days prior to renewal date. The Co-Sponsor would then have the opportunity to terminate its participation in the Plan within 90 days of such new insurance premium notice.

Comment:

Disagree. CDSPI has always given 90 day notice of new annual insurance premium rates. It would appear that the 180 notice of termination is only fair to the rest of the Co-Sponsors so that the effect of termination by one Sponsor can be properly analyzed. If it is necessary for the 90 day notice of new insurance premium rates by CDSPI to be formalized then the proper document to alter would be the CDA-CDSPI Administrative Agreement.

6. Alteration of Section 4 French text to make this Section compatible with English text.

Comment:

Agreed.

7. Alteration to Section 4 to require the CDA to provide to a Co-Sponsor any exchange of correspondence relating to problems with or complaints of CDSPI, the Insurers or CDA originating from Co-Sponsor's member.

Comment:

Agreed. Open exchange of valid complaint information should be made available to a Co-Sponsor when the complaint originates from the Co-Sponsor's member but agreement by the Co-Sponsor's member to circulate this complaint information must first be obtained

## II QUEBEC (cont'd.)

8. Alter Section 5 so that French text is compatible with English text and remove last paragraph of this Section in the French text since the same paragraph does not exist in the English version.

Comment:

Agreed.

9. Alter Section 6 (Surpluses) so that all surpluses exceeding 10% of the actual premiums paid shall be used during the twelve following months.

Comment:

Disagree. The general policy that surpluses accumulated will be used to improve the Plans or benefit the Participants is clearly stated in the existing Participation Agreement. How this policy is implemented each year should be established at meetings of the Executive Council or the Board of Governors of the CDA and not be restricted nor rigidly fixed in a Participation Agreement.

If the Board of Governors or the Executive Council desires to retain 10% of the surpluses exceeding the actual premiums paid then it can be done at any one of their meetings.

10. Alter Section 7 (Promotion) by deleting the final paragraph. The final paragraph of this section requires:

- (a) Co-Sponsors to receive approval by CDSPI and the Carrier of any material prepared by the Co-Sponsor for distribution
- (b) Co-Sponsors to not promote any insurance plans that are similar to the ones they are co-sponsoring.
- (c) Co-Sponsors to not permit representatives of any insurance plans that are similar to the ones they are co-sponsoring to promote such similar plans at conventions, conferences, meetings etc. at which a representative of CDSPI or the Carrier are in attendance to promote the co-sponsored plans.

## II QUEBEC (cont'd.)

10. The Q.D.S.A. would accept the inclusion of this paragraph in the Participation Agreement if CDSPI would adopt a similar policy for all plans not sponsored by participating organizations.

### Comment:

Disagree.-- with one exception.

With respect to item (b), it seems incongruous for a Co-Sponsor to promote a product that is competing against one that the Co-Sponsor "owns".

If the Co-Sponsor is not satisfied with the product they "own" They have many avenues available to improve their product or to discontinue their Co-Sponsorship of the product.

With respect to item (a), approval by CDSPI or the Carrier of information or promotional material created by a Co-Sponsor is necessary to ensure the material is accurate. The insurance field is complicated and incorrect interpretation of fact is definitely a possibility. Such an occurrence could have expensive or harmful impact on the membership.

Promotion of a competing plan (Item (b)) is counter-productive to our common cause i.e. to obtain the best insurance coverage at the lowest cost together with the best claim procedure. To be successful in encouraging our members to purchase the "other company's" product will reduce the number of participants in "our plans". We all know that insurance benefits/premiums are based on the number of participants in the plan. If one Co-Sponsor decided to abandon support it can have a definite impact on the members of those associations who continue their support. It is therefore important for those who Co-Sponsor plans to honour this commitment under Item (b) to the other Co-Sponsors. If a Co-Sponsor cannot honour their commitment under Item (b) then this Co-Sponsor should terminate Co-Sponsorship of the plan in question.

The exception to this general premise present in the above comments on Item (b) is that the "tests" that need to be applied so that the membership of co-sponsoring bodies feel assured that their "product" is equal or better to the competition can only be achieved by comparing products. To do this, having competing carriers etc. present their product at conventions etc. could be advantageous to the members.

## II QUEBEC (cont'd.)

### 10. (cont'd.)

#### Comment:

To permit competing Carriers or their representatives to promote their products at conventions, conferences, meetings etc. where CDSPI or its Carriers are present would provide the membership with alternate proposals, reduce the number of office or home visits by competing Carriers, and provide the necessary revenue to association meeting planners via commercial booth rental fees.

With the above considerations before me, I personally feel that a Co-Sponsor should be required to adhere to items (a) and (b) but item (c) should be permitted in the Participation Agreement.

11. Alter Section 8 by adding one paragraph to ensure that Co-Sponsor's information requests are fully answered within a reasonable period of time.

#### Comment:

Agreed. However it would seem more appropriate to include this type of request in the Administrative Agreement with CDSPI.

## III BRITISH COLUMBIA

#### Recommends:

1. A fixed term of agreement (say 3 years).

#### Comment:

Agreed. A fixed term of agreement appears to be advantageous in light of the present circumstances. However, since most plans have an annual renewal date, it seems proper that the term of the Participation Agreement should be one year. This annual renewal would also facilitate the implementation of any renewal of sponsorship applications.

### III BRITISH COLUMBIA (cont'd.)

#### 2. 180 days' notice by CDA of amendments.

##### Comment:

Agreed. This would provide adequate time for approval by the Board of Governors before offering the new Participation Agreement for annual (January 1st) renewal.

#### 3. 180 days' notice (by province) of intention to cancel participation (when current agreement expires).

##### Comment:

Agreed. However, this 180 day period of notice of termination is provided in the existing agreement. The comments following recommendation (1) of the Nova Scotia submission also support a 90 day previous "Notice of Intent to Terminate" also support this principle of adequate notice with reason being given to other Co-Sponsors of the plans.

#### 3. 180 days' notice of application to reinstate participation.

##### Comment:

Agreed. Comments following recommendation (2) of Nova Scotia submission support this principle.

#### 5. Penalty for failing to keep the Agreement.

##### Comment:

Disagree. A "proper" penalty would be difficult to establish and probably more difficult to enforce. The "hardship" suggested in this recommendation would be dealt with by the Board of Governors when annual renewal time occurs each year.

The Board would decide if the Co-Sponsors wish to continue participation with a Co-Sponsor who decides unilaterally to break conditions of the Agreement during the previous year.



#### IV SASKATCHEWAN

##### Recommends:

1. A clause be added identifying the length of time a Co-Sponsor will be ineligible to sponsor a plan that they have terminated participation in.

##### Comment:

Disagree. If an annual renewal date is established and the Board of Governors approval is required for reinstating participation then each instance can be dealt with by the Board. Comments following recommendation (2) of the Nova Scotia submission explain this principle.

2. Deletion or modification of the last paragraph of Section 7 referring to independent promotion by Co-Sponsor of the CDA plans or competing plans.

##### Comment:

Agreed. Explanation of suggested modification is in the comments following recommendation (10) of the Quebec submission.

3. A fixed term for the Participation Agreement should be established.

##### Comment:

Agreed. Comments following recommendation (1) in the B.C. submission address this point.

#### V ONTARIO

##### Recommendations:

1. The Participation Agreement include a provision that application to the Board of Governors is required for permission to sponsor a given plan if such sponsorship has previously been terminated.

##### Comment:

Agreed. Comments following recommendation (2) in the Nova Scotia submission addresses this point.

## VI NEWFOUNDLAND

## Recommends:

1. Section 3 should contain a clause referring to the time that a Co-Sponsor must stay out of the plan once he withdraws. They recommend three years.

## Comment:

Disagree. Instead of a specific time period consideration of an annual renewal by the Board of Governors is recommended.

Comments following recommendation (2) of Nova Scotia submission support this principle.

2. Section 9 - Term of Agreement should include a fixed term of three years, and only at the end of the three year period can a co-sponsor withdraw from the plan.

## Comment:

Agree. See comment provided following recommendation (1) from B.C.

## SUMMARY

From submissions by Corporate members and from personal comments in answer to these submissions the following amendments to the Participation Agreement are recommended:

1. The Participation Agreement have a fixed term of one year starting January 1 annually.
2. Any proposed amendments to the Participation Agreement by CDA or any Co-Sponsor be circulated to the CDA Board of Governors and the Co-Sponsors in the agreement 180 days prior to the next renewal date. Board of Governors approval of amendments is required.
3. A "Notice of Intent to Terminate" sponsorship of any CDA plan be given 90 days before the 180 days "Notice of Termination" presently identified in the Agreement. Reasons for intent to terminate sponsorship and the details of any replacement plan is required before the expiration of this 90 day period.
4. In order to reinstate sponsorship of any plan previously terminated, approval of the Board of Governors is required. Reinstatement will only take place on the renewal date of the agreement. Application for reinstatement must be received 180 days prior to the renewal date.
5. Promotion section of the Agreement (Section 7) be amended to permit representatives of the carrier of any similar plan to present information on their insurance product at conventions, conferences, or meetings at which representatives of the carrier or CDSPI is in attendance for the purpose of providing information relating to the sponsored plans.
6. Alter the English or French text of the Agreement so that both language documents are compatible (i.e. as recommended in items 1, 3, 6, 8 of this memorandum by the Quebec submission).

7. Alter Section 4 -- Communication of the Plans to require the CDA to provide to Co-Sponsors any exchange of correspondence with the CDA relating to problems with or complaints of CDSPI the insurers or CDA originating from a Co-Sponsors member when agreement is given by the member to circulate their correspondence.

RNH/1e



CANADIAN DENTAL ASSOCIATION / L'ASSOCIATION DENTAIRE CANADIENNE

1815 ALTA VISTA DRIVE, OTTAWA, ONTARIO, CANADA K1G 3Y6  
TELEPHONE (613) 523-1770

OFFICE OF THE PRESIDENT

M E M O R A N D U M

TO: Board of Governors

FROM: Dr. Robert Hicks, President

DATE: September 12, 1984

RE: QDSA Termination of Co-Sponsorship of  
CDSPI Malpractice Insurance Plan and  
General Insurance Plan

Official Notice of Termination of the Malpractice Insurance Plan and the General Insurance Plan within the C.D.I.P. has been received from the QDSA.

QDSA has exercised their right to terminate participation in the sponsorship of any Sponsored Plan as provided in Section 3 - Termination of Participation of the Participation Agreement which they signed in April of this year.

My concern centers on those dentists in Quebec who have Malpractice Insurance with the C.D.I.P. through their membership in the QDSA but do not have membership in the CDA. These dentists will not be able to renew their C.D.I.P. Malpractice Insurance on January 1, 1985. Early notice of this fact must be delivered to these dentists so that they may seek alternate malpractice insurance.

In my memorandum to you of March 6, 1984 I suggested two alternatives that could be considered by the Board of Governors in order that these dentists would be able to continue their insurance coverage (Malpractice) with CDSPI.

- (a) Obtain agreement that the Order of Dentists of Quebec become Co-Sponsors of the Malpractice Insurance Plan.
- (b) Designate as Eligible Members those QDSA members who are not CDA members.

In my discussions with the Order of Dentists of Quebec, I have found that they are not in a position to Co-Sponsor the Malpractice Insurance Plan.

In my memorandum of March 6, 1984 to you, I stated that designating as Eligible Members all non-CDA members would go against our current policy of providing benefits for our members. I cannot support the action of Designating as Eligible Members all non-CDA members in Quebec under these circumstances.

In summary, I recommend that no action be taken in changing the availability of C.D.I.P. Malpractice Insurance or General Insurance in the province of Quebec.

A handwritten signature in cursive script, reading "Robert Hicks".

RNH/1e

PARTICIPATION AGREEMENT

AGREEMENT made as of January 1, 1984 between CANADIAN DENTAL ASSOCIATION ("CDA") and (the "Co-Sponsor").

WHEREAS:

A. CDA, on behalf of itself and participating provincial dental organizations, is the sponsor of certain insurance plans and programs in which members of the Canadian dental profession and their families and employees may participate; and

B. the Co-Sponsor wishes to participate in the sponsorship of one or more of the insurance plans and programs so sponsored by CDA;

NOW THEREFORE THIS AGREEMENT WITNESSETH that in consideration of their covenants and agreements herein contained the parties covenant and agree as follows:

I. Definitions

In this agreement:

(a) "Carrier" means, with respect to any Plan, the issuer of the master policy or other agreement embodying such Plan or the insurer



or other person with which CDA has entered into contractual or other relations providing for such Plan;

(b) "Carriers' Agreements" means agreement entered into from time to time among CDA, CDSPI and the Carriers pursuant to which CDSPI is authorized to perform certain administrative services on behalf of the Carriers and CDA in connection with the Plans;

(c) "CDSPI" means Canadian Dental Service Plans Inc.;

(d) "Participant" means, at any time with respect to any Plan, an individual who, at such time, is participating in such Plan or who is entitled to benefits thereunder;

(e) "Participating Organization" means, at any time with respect to any Plan, a provincial dental organization which at such time is participating in the sponsorship of such Plan through agreement with CDA;

(f) "Plan" means, at any time, an insurance plan or program which is being sponsored by CDA on behalf of itself and each Participating Organization which at such time is participating in the sponsorship thereof; and

(g) "Sponsored Plan" means, at any time, a Plan in the sponsorship of which the Co-Sponsor is participating at such time.

2. Participation

Subject to termination pursuant to section 3, the Co-Sponsor:

(a) shall participate in the sponsorship of each of the Plans listed in Schedule A; and

(b) shall be entitled to commence to participate from time to time in the sponsorship of any other Plan from such date and upon such terms and conditions as may be agreed at that time by CDA and the Co-Sponsor.

3. Termination of Participation

The Co-Sponsor shall be entitled to terminate its participation in the sponsorship of any Sponsored Plan upon giving written notice to CDA not less than 180 days (or such shorter period as CDA may agree) prior to the renewal date of such Plan in which it proposes to cease to so participate.

4. Communication of Plans

CDA shall, from time to time, furnish the Co-Sponsor with copies of all announcements, explanatory booklets, newsletters and other descriptive and promotional literature with respect to each Sponsored Plan prepared and distributed to Participants and potential Participants by CDSPI in accordance with the provisions of the Carriers' Agreements and shall arrange for representatives of the

Carrier or CDSPI to attend conventions, conferences and meetings of members of the Co-Sponsor to provide information relating to the Sponsored Plan.

5. Statements

CDA shall deliver or shall cause CDSPI to deliver on its behalf, to the Co-Sponsor, annual statements for each Sponsored Plan setting out:

- (a) the enrollment statistics for the Plan;
- (b) a summary of all amounts received and disbursed in connection with the Plan;
- (c) details, as furnished by the Carrier of the Plan, of all claims made and/or paid thereunder; and
- (d) information, as furnished by the Carrier of the Plan, with respect to the claims, retention expenses, interest, reserves, contingency funds and surplus or deficit of the Plan.

Such information shall be provided for:

- (i) the group consisting of all the Participants in the Plan;
- and

- (ii) the group consisting of the Participants in the Plan who are participating therein as members of the Co-Sponsor.

## 6. Surpluses

In directing and controlling the administration of the Plans CDA, through its Executive Council, shall adopt the policy of making use of surpluses arising under any plan for the benefit of such Plan and the Participants therein through the reduction of premiums, the improvement or addition of benefits, the payment of dividends or otherwise.

## 7. Promotion

Subject to the guidance and control of CDA and CDSPI the Co-Sponsor shall promote the Sponsored Plans and encourage its members to become Participants therein. In this connection the Co-Sponsor shall:

- (a) facilitate the distribution to its members of announcements, booklets, application forms, newsletters and other descriptive and promotional literature with respect to the Sponsored Plans prepared by CDSPI pursuant to the Carriers' Agreements;
- (b) assist in arranging meetings to permit the presentation of the Sponsored Plans to its members;

(c) facilitate the presentation of the Sponsored Plans at conventions, conferences and meetings of its members and, in connection therewith, permit representatives of the Carriers and CDSPI to participate in the programs and allocate facilities to them where they can be contacted by attending members;

(d) forward to the Carrier of each Sponsored Plan or CDSPI all enquiries regarding coverage, premiums and claims thereunder and where appropriate assist in resolving any complaints or other difficulties arising in connection therewith; and

(e) assist in arranging for articles and advertisements with respect to the Sponsored Plans in its publications.

Any announcements, booklets and other descriptive and promotional literature prepared at any time by the Co-Sponsor with respect to a Sponsored Plan shall not be distributed to the Participants or potential Participants in such Plan until it has been reviewed and approved for distribution by CDSPI and the Carrier. The Co-Sponsor shall not advertise or otherwise promote among its members any insurance plan which provides coverage which is similar to that provided under a Sponsored Plan and, without limiting the generality of the foregoing, the Co-Sponsor shall not permit representatives of the carrier of any such similar plan to promote such plan among members of the Co-Sponsor at any convention, conference or meeting at which a representative of a Carrier or CDSPI is in attendance for the purpose of providing information relating to the Sponsored Plans.

8. Benefit Committee

The Co-Sponsor shall elect or appoint from among its members a group or committee which shall have primary responsibility for discharging the obligations of the Co-Sponsor under this agreement and shall make such studies and perform such research as may be necessary to permit it to keep CDSPI and CDA fully informed regarding the needs and concerns of the members of the Co-Sponsor with regard to Plans and possible new Plans.

9. Term

This agreement shall remain in full force and effect for so long as the Co-Sponsor continues to participate in the sponsorship of one or more Plans.

10. Notices, etc.

Any notice, approval, authorization or other communication to be given pursuant to this agreement to either party shall be in writing and shall be deemed to have been duly given if delivered in person to the President, Chairman or Secretary of such party or, except during a period of general discontinuance of postal service, mailed by pre-paid registered mail addressed:

(a) if to CDA, to it at:

1815 Alta Vista Drive,  
Ottawa, Ontario.  
K1G 3Y6

marked to the attention of its Secretary or to such other address as

CDA shall specify by notice to the Co-Sponsor; and

(b) if to the Co-Sponsor, to it at:

marked to the attention of its Secretary or to such other address as the Co-Sponsor shall specify by notice to CDA;

and shall be deemed to have been given on the day of delivery or, except during a period of general discontinuance of postal service, on the seventh business day following mailing.



11. Successors and Assigns

This agreement shall enure to the benefit of and be binding upon the parties hereto and their respective successors and assigns.

IN WITNESS WHEREOF the parties hereto have duly executed this agreement.

THE CANADIAN DENTAL ASSOCIATION

By: \_\_\_\_\_

(name of Co-Sponsor)

By: \_\_\_\_\_

SCHEDULE A  
Sponsored Plans

Basic Life Insurance  
Dependents' Life Insurance  
Accidental Death and Dismemberment Insurance  
Long Term Disability Insurance  
Office Overhead Expense Insurance  
Business Interruption Insurance  
Office Contents Insurance  
General Liability Insurance  
Malpractice Insurance\*

\*Not applicable in Ontario.

CANADIAN DENTAL ASSOCIATION - CERTIFICATES OF MERITPresent Policy

A "Certificate of Merit" shall be given to all members of the Association who have served the Association for a minimum term of one year as a member of the Board of Governors, a Council member, or as a member of a committee of a Council and whose term in the respective area of service is deemed to be completed.

Recipients of the "Certificate of Merit" shall be proposed by the Chairman of the Nomination Committee (Immediate Past-President) for approval by the Executive Council at the first meeting of Council following an annual meeting.

Policy Amended Mar./81

Proposed Policy

A "Certificate of Merit" may be given to a member of the Association who has served the Association for a minimum term of one year as a member of the Board of Governors, a Council member, or as a member of a committee of a Council and whose term in the respective area of service is deemed to be completed.

Recipients of the "Certificate of Merit" shall be proposed by the Chairman of the Nominations Council (Immediate Past-President) for approval by the Executive Council at the first meeting of Council following an annual meeting.

**Underlining indicates changes**

## MEMBERSHIP COMMITTEE

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### REPORT TO THE ANNUAL CDA BOARD OF GOVERNORS MEETING SEPTEMBER 1984

#### Members:

Dr. W.R. Thompson, Chairman, Trenton, Ontario  
Dr. B.W. Holmes, Kenora, Ontario  
Dr. R. Hurley, Montreal, Quebec  
Dr. L. Tomkins, Toronto, Ontario  
Mr. H. Drouin, Executive Director  
Mrs. J. Seringer, Director of Administration  
Miss. L. Teteruck, Director of Educational Services

A meeting of the Membership Committee was held on June 4, 1984. With the exception of Dr. Laporte all committee members were in attendance.

The meeting reviewed the 1984 campaign in detail including membership figures and developed a campaign strategy for use in 1985 in the voluntary provinces. Other items of discussion were succession of committee members, the development of a volunteer liaison base in component societies in Ontario and Quebec and a review of CDA Life Membership procedures.

#### 1984 Campaign

This review indicated that the 1984 campaign had been successful with May 4, 1984 results indicating a 4% increase in membership in Ontario and a 3% decrease in Quebec.

The committee considered that direct mailings in lieu of telephone blitzes were the best method of increasing membership especially if a personal appeal from someone in the component society can be incorporated in the second or third mailing. This latter procedure was utilized in 1984 to a greater extent in Ontario than in Quebec and the results indicate the positive effect.

It was also determined that the direct letter contact with the younger dentists, by their peers; 'Welcome to the Profession' receptions, speeches by members of the Management Committee to conventions, annual meetings and meetings of component societies were most worthwhile. The 'Tell Us Why' requests of those who were not joining CDA were beneficial as a considerable number were received and will be answered and acted upon.

## MEMBERSHIP COMMITTEE

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In order to communicate most effectively with the new or younger graduates it was determined that Drs. Hurley and Tomkins require assistance from recent graduates. Such dentists were identified and will be requested to serve on the Membership Committee.

Dr. Thompson will discuss with Dr. Chicoine a Quebec representative about replacing Dr. Laporte on the membership committee. This position in both Ontario and Quebec has been most effective in the past when held by the provincial representative on Executive Council.

### CDA Volunteer Liaison Base

As a result of limited use during the 1984 campaign the beneficial effect of utilizing a volunteer liaison dentist in each component society in the volunteer provinces is clearly recognized.

Such volunteers would be requested to inform the dentists in their society about CDA services and current activities and it is expected that they would communicate members' problems back to CDA as well.

It is considered that such liaison could be widely expanded in Ontario where it was utilized in 1984 and initiated in Quebec. In order for such liaison to be effective however, it is recommended that an orientation workshop be held for such volunteers in Ottawa in October, 1984. Such a workshop would be utilized to clearly delineate to such volunteers the CDA structure, its activities and services and how such volunteers could best assist with communication and membership activities in their society.

### Promotional Items

The use of pins, ties, etc were considered as promotional items to assist the membership campaign. CDA staff, however have developed an often requested and reasonably priced pamphlet holder. It was determined that this holder should be given on request to all CDA members, without charge, as a member service.

### 1985 Campaign

The 1985 campaign will closely follow the 1984 campaign with the following additions or exceptions:

- greater emphasis on individual speakers to dental societies where membership was below average in 1984
- expansion of volunteer liaison dentists and development of an orientation workshop

## MEMBERSHIP COMMITTEE

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- expansion of appeal for membership in CDA and other journals
- consideration of one less letter appeal to potential members
- insert a tip-in return mailer in the Journal advising that a pamphlet rack is available to members upon request without charge

### Life Member Review

Prompted by the number of enquiries regarding Life Membership in the association, the committee thought a review of Life Membership qualifications and the administration of this program was necessary. Of particular concern to the committee was:

- (a) the definition of "a member in good standing"... the feeling was that the present qualification allowed a dentist to join for one year and apply for Life Membership in the same year.
- (b) the necessity of requiring a member to apply for Life Membership... it has been a complaint of some members that Life Membership is an honour conferred and should not require application.

In answer to the first concern the Membership Committee worked on possible definitions and recommend that there be a change to the Life Membership qualifications.

In addressing the second concern the committee was advised that with our present capabilities Life Membership could be made an automatic process. There was discussion about the effects of granting Life Membership to those existing dentists who are eligible and have not applied and whether such a move could be costly in terms of lost revenue. Staff felt there would probably be a small increase in returned member fees in the mandatory provinces.

The Membership Committee recommends that Life Membership be made an automatic process for dentists who qualify and that the program be administered so that the honour will become effective in the year of eligibility; also, that dentists presently on file whom staff determine are eligible under the old qualification should be granted their Life Member status without a retroactive return of fees.

MEMBERSHIP COMMITTEE

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The Membership Committee recommends that the Life Membership qualifications be re-stated as follows:

84.56      RESOLVED:

THAT any dentist who has practised his or her profession for at least 40 years or who, on attaining his or her sixty-fifth birthday has been a member in good standing of the association for half of his or her practice years, with the last three consecutive; will on approval of the Executive Council become a Life Member of the association.

ADOPTED

Respectfully submitted,

W.R. Thompson  
Chairman,  
Membership Committee

ADOPTION OF REPORT:

The Board of Governors accepts the Report of the Membership Committee with appreciation.



CANADIAN DENTAL ASSOCIATIONJULY 1984

The following Dentists have applied for and qualify to become  
Canadian Dental Association Life Members:

| <u>NAME</u>             | <u>PROVINCE</u> | <u>YEAR OF<br/>GRADUATION</u> | <u>YEAR OF<br/>BIRTH</u> |
|-------------------------|-----------------|-------------------------------|--------------------------|
| Dr G G Orser            | N.B             | 1951                          | 1919                     |
| Dr Frank L Burns        | Quebec          | 1943                          | 1918                     |
| Dr Ralph S Edmison      | Quebec          | 1943                          | 1916                     |
| Dr Victor B Griffiths   | Quebec          | 1950                          | 1916                     |
| Dr V Sylvestre          | Quebec          | 1943                          | 1918                     |
| Dr Miet A Kamienski     | Ontario         | 1951                          | 1915                     |
| Dr Bert J Levin         | Ontario         | 1944                          | 1923                     |
| Dr J B Sutherland       | Ontario         | 1943                          | 1918                     |
| Dr W V Grenkow          | Manitoba        | 1943                          | 1918                     |
| Dr H Kahanovitch        | Manitoba        | 1945                          | 1918                     |
| Dr Sam Katz             | Manitoba        | 1943                          | 1918                     |
| Dr D J Shapira          | Manitoba        | 1944                          | 1918                     |
| Dr Harvey J Short       | Manitoba        | 1943                          | 1918                     |
| Dr Brooke Smith-Windsor | Saskatchewan    | 1951                          | 1917                     |
| Dr N A Butcher          | B.C.            | 1943                          | 1921                     |
| Dr Earl J Ellison       | B.C.            | 1942                          | 1918                     |
| Dr W A Jefferies        | B.C.            | 1950                          | 1919                     |
| Dr Lloyd E Mallin       | B.C.            | 1944                          | 1920                     |
| Dr Morton Mickelson     | B.C.            | 1942                          | 1919                     |
| Dr Alan D Robinson      | B.C.            | 1941                          | 1917                     |

**Canadian  
Dental  
Service  
Plans Inc.**

Suite 600, 2 Lansing Square  
Willowdale, Ontario  
M2J 4Z3

Metro Toronto  
Telephone: 497-7117

Western Canada, Atlantic C  
Ontario Area Code 807  
1-800-268-5418

Quebec and Ontario: Except Area Code 807  
1-800-268-3411

June 7, 1984

Mr. Hubert E. Drouin  
Executive Director  
Canadian Dental Association  
1815 Alta Vista Drive  
Ottawa, Ontario  
K1J 3Y6

Dear Mr. Drouin:

Re: Consent to Treatment Form

As part of our responsibility to provide and develop a Loss Prevention program for Malpractice Insurance, we have researched a "Consent to Treatment" form.

This form has been circulated to all Provincial Associations (excluding Ontario) for their comments, some of which have been built into the form. It has received the approval of the Insurer and our Board of Directors. Our Solicitors in co-operation with those of the Insurer developed the format.

We enclose the proposed form, along with a draft of a suggested covering notice to accompany the form, if the CDA Board of Governors should consider the form appropriate and recommend its use.

The form, if approved, would then be sent to each participant in CDIP along with the covering notice as part of the Loss Prevention Program.

We await your further instructions regarding the project.

Yours truly,

  
K. D. Butler, CLU  
General Manager

Encl. 2

KDB/dcd

380

# LOSS PREVENTION

## NOTICE TO ALL MEMBERS

### Consent to Treatment Form

Enclosed is a sample Consent to Treatment Form which has been approved by the Board of Governors of the Canadian Dental Association and recommended for use by its members. Canadian Dental Service Plans Inc., which performs the function of the CDA Council on Investment and Insurance, arranged, as part of its loss prevention program, for the form to be prepared by its solicitors with input from a number of the provincial dental associations which are members of the CDA.

The purpose of the form is to provide you with evidence of what information you have given your patient with respect to the procedure or treatment which you have proposed or recommended. This evidence may be valuable in the event that you are subsequently faced with an allegation that you did not give your patient sufficient information on which to base a decision as to whether or not to undergo the procedure or treatment. The form should be used in conjunction with the notes which you would normally make on the patient's chart or records.

If you decide to use the form in your practice you should at all times bear in mind that it will only be of assistance to you if in fact you have given the patient, in reasonable detail, the explanations described in paragraph 3. A form which has been signed by a patient who is subsequently able to convince a judge that the nature and potential risks of a procedure were not explained to him in advance will simply be disregarded. Your best protections are, therefore, good communication with your patient and the maintenance of good records as to the advice which you have given your patient.

When the form is used, it should be signed by the patient, or if the patient is a minor or is mentally incompetent, by the patient's parent or legal guardian. A basic description of the proposed treatment or procedure, details of any anaesthetics to be used and signed by the patient, parent or guardian and, if practical, witnessed by someone other than yourself.

The form should of course be kept with the patient's records for future reference in the event that it should ever be required.



CONSENT TO TREATMENT

Name of Patient \_\_\_\_\_

Date \_\_\_\_\_ Expected Duration of Treatment \_\_\_\_\_

1. I authorize Dr. \_\_\_\_\_, or whomever he/she  
may designate, to perform the following procedure(s) and treatment

\_\_\_\_\_  
(State nature of procedure(s) and treatment and, if anaesthetic is

to be administered by dentist named below, the type(s) of \_\_\_\_\_

\_\_\_\_\_ upon \_\_\_\_\_  
anaesthetic to be used) (Name of patient - or Myself)

And if during the course of such treatment in his/her opinion and  
judgment any treatment or procedure different from that now  
contemplated should be indicated in respect of which there is no  
reasonable opportunity for additional explanation and authorization,  
I further request and authorize him/her to do whatever he/she considers  
advisable.

2. The nature and purposes of the treatment, possible  
alternative methods of treatment, the risks involved and the  
possible complications have been fully explained to me by

\_\_\_\_\_  
(Name of Dentist(s) explaining)

3. I acknowledge that no guarantee or assurance has been made  
to me as to the results that may be obtained.

4. I consent to the administration of the anaesthetics named  
above (if any) or any such other anaesthetics as may be considered  
necessary or advisable by those dentists referred to in this consent  
under whose care I place myself/the patient.

I CERTIFY THAT I HAVE READ AND FULLY UNDERSTAND THE ABOVE  
CONSENT TO TREATMENT AND THAT THE EXPLANATIONS THEREIN REFERRED TO  
WERE IN FACT MADE TO ME AND THAT THE FORM WAS FILLED IN PRIOR TO  
TREATMENT.

Signature of Patient \_\_\_\_\_

or

Signature of Parent or Guardian \_\_\_\_\_  
(or other person authorized to consent for patient)

Relationship of Person Signing to Patient \_\_\_\_\_

Note: When patient is a minor or is otherwise incompetent to  
give consent, the consent of a parent or guardian must be  
obtained.

Witness: In my opinion, the patient/parent/guardian appears able  
to understand the treatment proposed.

Signature of Witness \_\_\_\_\_

EDITORIAL BOARD

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REPORT TO THE ANNUAL CDA BOARD OF GOVERNORS MEETING  
SEPTEMBER 1984

Members: Dr. A. E. MacLeod, Chairman, Nova Scotia  
Dr. J.D.R. Grier, British Columbia  
Dr. M.D. Klotz, Ontario  
Dr. A.D. Sparrow, Alberta

Board Meeting

1. The Board met May 18, 1984. The next meeting will be at the call of the chair.

Items For Information - Not Requiring Board Action

2. Circulation

Following the recommendations of the September 1983 Board of Governors, the distribution of the Journal of the CDA was cut back to include CDA members only. This change in distribution began with the February 1984 issue and coincided with a change in the design of the Journal. The response from the membership to date has been generally positive. A special mailing to non-members, as part of the membership drive, included the May 1984 issue of the Journal, which, it was hoped, would encourage non-members to join the Association.

3. Journal Production

At the May 1984 meeting of the Editorial Board, a decision to contract out a major portion of Journal production and layout to Banfield-Seguin Ltd. of Ottawa, was taken. Contracting out Journal production would leave the editorial staff free to pursue news gathering, article writing and thus improve the content of the Journal generally. Banfield-Seguin Ltd. is a graphics design house in Ottawa, who were responsible for designing the new Journal format.

4. Readership Survey

The first readership survey undertaken in 1983 was useful. It is the intention of the Editorial Board to follow up with readership surveys on a regular basis. Various professional approaches are currently under investigation.

## EDITORIAL BOARD

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### 5. Budget

Board members found the Journal budget figures reassuring, despite a rise in costs due to the redesign of the Journal format and the production of audio-visuals introducing the new format to advertisers. The Advertising Manager is continuing to maintain advertising revenue levels, in spite of the cut in circulation and gross advertising revenue is up.

### 6. Advertising

While the competition for advertisers among professional journals is vigorous, the Journal appears to be competing well. Up to the June 1984 issue, the number of pages of advertising run in 1984 was 134.7, compared with 125.8 for the same six month period in 1983.

### 7. Editorial Board Structure

The Editorial Board proposed to formalize the appointment of both the English and French Scientific Editors to the Editorial Board. Accordingly, it was the decision of the Board that the Scientific Editors be members of the Editorial Board.

### 8. Editorial Board Policy

The Editorial Board continues to constantly review policy on individual concerns of the Journal, including editorial writing and the contributions of free lance writers, with a view to maintaining the high standards of the Journal in a competitive world.

Respectfully submitted,

A. E. MacLeod, D.D.S.,  
Chairman,  
Editorial Board

### ADOPTION OF REPORT

The Board of Governors accepts the Report of the Editorial Board with appreciation.



CONVENTION COMMITTEE

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REPORT TO THE ANNUAL CDA BOARD OF GOVERNORS MEETING  
SEPTEMBER 1984

1985 CONVENTION  
SEPT. 29 - OCT. 2, OTTAWA, ONTARIO

Progress to Date

Four general convention planning meetings have been held, the last of which was on April 26, 1984.

Major planning for the overall convention has advanced to the point where most convention activities have been delineated and confirmed.

The scientific program has been ascertained with three to four concurrent sessions at all times. The scientific sessions will extend to Wednesday afternoon at 5:00 p.m. This is an extension to CDA's usual convention format.

Appendix A

The scientific program will also incorporate the CDA/Dentsply Student Table Clinic program and the Teaching Conference (if so designated by ACFD).

Social events will include:

- a fun run (Sunday morning)
- an opening party (Sunday evening)
- the installation luncheon (Monday)
- a walk-about luncheon in the exhibit area (Tuesday)
- a sit-down luncheon with a non dental guest speaker (Wednesday)
- a President's Ball (Monday night)
- a fun night - Bytown Bash (Tuesday night)

An exhibit area accommodating 190 10' X 10' booths has been designated and an exhibitor's prospectus is scheduled to be mailed to all potential exhibitors in late October 1984.

To date, CDA has been approached by the:

- Canadian Dental Hygienists' Association
- Canadian Dental Assistants' Association
- Canadian Association of Orthodontists
- The Canadian Academy of Paedodontics



## CONVENTION COMMITTEE

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- The Canadian Society of Endodontics
- The Canadian Academy of Restorative Dentistry
- The Canadian Academy of Prosthodontists
- The International College of Dentists

for meeting room space before and during the convention.

Space allocations and the release of uncommitted space will occur in the near future.

Convention letterhead has been designed for print and distribution this summer.

A preliminary budget has been struck to be revised as firm prices are ascertained from the hotels and Congress Centre.

The next scheduled meeting of the Convention Committee will be held on Tuesday, October 9, 1984.

## APPENDIX A

## CONVENTION COMMITTEE

## TENTATIVE SCHEDULE

MONDAY

|        | A                          | B                            | C                          |
|--------|----------------------------|------------------------------|----------------------------|
| 9 - 12 | Royal College<br>Symposium | Computers                    | Grieve Memorial<br>Lecture |
| 2 - 5  | Royal College<br>Symposium | Dental Law<br>Tooth Coloring | Pedodontic<br>Update       |

TUESDAY

|        |                          |                                 |                      |
|--------|--------------------------|---------------------------------|----------------------|
| 9 - 12 | Restorative<br>Dentistry | Panel on<br>General<br>Medicine | Endodontic<br>Update |
| 2 - 5  | Restorative<br>Dentistry | Oral Medicine<br>Pathology      | Prosthetic<br>Update |

WEDNESDAY

|        |             |                                     |                       |
|--------|-------------|-------------------------------------|-----------------------|
| 9 - 12 | Oral Cancer | Graduate<br>Student<br>Presentation | Geriatric<br>Update   |
| 2 - 5  | Oral Cancer | Panel on<br>Ridge<br>Augmentation   | Periodontic<br>Update |

## CONVENTION COMMITTEE

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### 1986 CONVENTION AUGUST 24-27, HALIFAX, NOVA SCOTIA

The first meeting of the 1986 Convention Committee was held on May 11, 1984 in Halifax.

Dr. Ian Vogan has been recommended by the NSDA as Convention Chairman for ratification by the CDA Executive Council.

Dr. Gary Foshay has been appointed Scientific Chairman.

The structure of the Convention Committee has been agreed upon encompassing an Executive Committee within the overall General Committee.

The role of various groups and organizations within the framework of the overall Convention Committee has been discussed and agreed upon including that of the NSDA.

Hoteliers have been contacted regarding maximum bedroom pickup for our scheduled meeting dates.

The next meeting is scheduled for Thursday, July 12 in Halifax.

### 1987 CONVENTION

It has been suggested that the 1987 Convention be held in Quebec City.

Mr. Drouin will be pursuing this suggestion with the appropriate organizations.

### 1988 CONVENTION

It has been suggested that Edmonton be the site of the 1988 CDA Convention.

Preliminary discussions have occurred between Mr. Drouin and the ADA and a site visit is tentatively planned for July 18, 1984.

## TAXATION COMMITTEE

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 REPORT TO THE ANNUAL CDA BOARD OF GOVERNORS MEETING  
 SEPTEMBER 1984
 

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Members: Dr. R. N. Hicks, Chairman, British Columbia  
 Dr. P. R. Crawford, Manitoba  
 Dr. W. R. Thompson, Ontario

Since our last report to the Board of Governors, a CDA Communiqué dated April, 1984 was mailed to each CDA member providing information from the February 1984 Federal budget that was relevant to our profession. Highlighted in this report to the membership were positive proposals put forward by the Minister of Finance on improvements in tax assistance for individual retirement savings. In addition, information was included on the status of the new definition for personal service corporations together with a summary of current information on professional management company audits by Revenue Canada.

The following is an update on current Taxation Committee activities;

1. Professional Management Company Audits by Revenue Canada

The aggressive and accelerated activity by Revenue Canada in auditing the professional management companies serving dental practices appears to have decreased. Regular random audits are continuing and the diminished application of the fifteen percent markup for profit on services provided by the management company persists during these audits.

The CDA has not received an answer from the Minister of Revenue since the President of CDA met with him in February. Recently, letters were written to the Minister, to Senator Jack Austin, and to Mr. John Robertson, Director General - Audit Directorate Revenue Canada Taxation. Copies of these letters are attached to this report for your information.

App. I, II  
 III

2. Tax Assistance for Individual Retirement Savings

The Minister of Finance's positive proposals on this issue are, of course, not law. Serious consideration of the proposals are being made within the Finance Department.

TAXATION COMMITTEE

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3. Salaried Dentists - Continuing Education Expenses

It is not possible for employed persons in Canada to deduct the total cost of continuing education from their income when computing income tax. Only self-employed professionals have this available to them. Following a request from the newly formed CDA Salaried Dentists Committee, a brief is being prepared to present our request that employed professionals receive the same tax treatment. This brief should be completed within two weeks from the date of this report.

4. Claims For Dental Treatment Expenses

When annual income tax requirements are calculated by Canadian residents, dental treatment expenses — less three percent of net income — may be deducted from income sources before computing the income tax due. The CDA Taxation Committee has recently decided to accumulate information on this section of the Income Tax Act. It is anticipated that sufficient support data can be obtained so that a strong proposal to eliminate the "less three percent of net income" from dental treatment expenses can be made. If we are successful in this endeavour, all dental treatment expenses incurred by a taxpayer would be deductible from income when calculating income tax.

It is anticipated considerable time will be required to prepare this important effort.

If additional items related to Taxation Committee activities occur after the writing of this report, a verbal report will be given at the annual meeting of the Board of Governors.

Respectfully submitted,

R. N. Hicks, D.D.S., M.S.  
Chairman,  
Taxation Committee

ADOPTION OF REPORT

The Board of Governors accepts the Report of the Taxation Committee with appreciation.



CANADIAN DENTAL ASSOCIATION / L'ASSOCIATION DENTAIRE CANADIENNE

1815 ALTA VISTA DRIVE, OTTAWA, ONTARIO, CANADA K1G 3Y6  
TELEPHONE (613) 523-1770

OFFICE OF THE PRESIDENT

April 30, 1984

The Honourable Pierre Bussières, P.C., M.P.  
Minister of National Revenue  
Room 416 West Block  
House of Commons  
Ottawa, Ontario  
K1A 0A6

Dear Mr. Bussières:

Re: Professional Management Companies

At our meeting on February 22, 1984 in Senator Jack Austin's office, I presented to you the problems being encountered by the professional community in Canada due to Revenue Canada's new auditing approach related to Professional Management companies.

While I provided you with information regarding the management fees charged by such companies and how they meet the free market test and follow those charges accepted in a landmark case in the Federal Court on this subject, the major portion of my presentation related to the concern of professionals that Revenue Canada changed its guidelines on what are reasonable charges in 1981 and failed to inform the taxpayers through normal communication channels.

Many professionals who were surveyed prior to 1981 and had Revenue Canada accept the management fees charged are now being surveyed in 1983/84 and are finding that Revenue Canada no longer accepts these same management fee charges and considerable tax, interest and penalties are now due.

I made certain recommendations to you and you indicated at the conclusion of our meeting that you would contact me within two weeks. I certainly appreciate your busy schedule but you must appreciate that these assessing practices are on-going and will continue unless you provide us with assistance.

2/...

Page 2.

I recently spoke, in my role as President of our Association, to the annual meeting and convention of the Order of Dentists of Quebec. Many of the dentists in attendance were disappointed that I did not have a response from my meeting with you on February 22, 1984.

On May 11 and 12, I have been invited to attend and speak on this subject to the annual meeting of the Ontario Dental Association Board of Governors. I would be most grateful if you could provide me with your response to my letter of February 22, and also provide me with your support to solve this dilemma being faced by professionals and their associated Professional Management Companies.

Sincerely,

A handwritten signature in cursive script, reading "Robert N. Hicks". The signature is written in dark ink and is positioned below the word "Sincerely,".

ROBERT N, HICKS, D.D.S.,M.S.  
President  
/pb

cc: Senator Jack Austin





CANADIAN DENTAL ASSOCIATION / L'ASSOCIATION DENTAIRE CANADIENNE

1815 ALTA VISTA DRIVE, OTTAWA, ONTARIO, CANADA K1G 3Y6  
TELEPHONE (613) 523-1770

OFFICE OF THE PRESIDENT

May 3, 1984

Honourable Jack Austin  
The Senate  
Room 283  
Parliament Buildings  
Ottawa, Ontario  
K1A 0A4

Dear Honourable Senator:

Re: Professional Management Companies

At a meeting with the Minister of National Revenue in your office on February 22, 1984, I emphasized the concern of professionals that Revenue Canada changed its guidelines in 1981 on what are reasonable management fee charges by professional management companies and failed to inform the taxpayers through normal communication channels.

I also brought to the Minister's attention that many professionals who were surveyed prior to 1981 and had Revenue Canada accept the management fees charged are now being surveyed in 1983/84 and are finding that Revenue Canada no longer accepts these same management fee charges and considerable tax, interest and penalties are now due.

Unfortunately, I have not had any response from the Minister since that meeting. If there is anything that you can do to assist in obtaining a solution to this important issue, my association would be most grateful.

Sincerely,

ROBERT N. HICKS, D.D.S., M.S.  
President  
/pb



CANADIAN DENTAL ASSOCIATION / L'ASSOCIATION DENTAIRE CANADIENNE

1815 ALTA VISTA DRIVE, OTTAWA, ONTARIO, CANADA K1G 3Y6  
TELEPHONE (613) 523-1770

OFFICE OF THE PRESIDENT

May 2, 1984

Mr. J.R. Robertson  
Director General - Audit Directorate  
Revenue Canada Taxation  
875 Heron Road  
Ottawa, Ontario  
K1A 0L8

Dear Mr. Robertson:

Re: Professional Management Companies

Since our last meeting in December, 1983, a considerable amount of correspondence has occurred between members of our association and elected Members of Parliament regarding the assessing practice of Revenue Canada related to Professional Management Companies.

While the discussions between the Canadian Dental Association and Revenue Canada on 'what is a reasonable management fee to be charged' ended in disagreement between our Association and your Department, I felt when I left your office in December that we did have a mutual understanding that the results of the lack of notice to the taxpayer of the new 1981 guidelines should be dealt with in a responsible manner.

Many professionals who were surveyed prior to 1981 and had Revenue Canada accept the management fees charged are now being surveyed in 1983/84 and are finding that Revenue Canada no longer accepts these same management fee charges and considerable tax, interest and penalties are now due.

I am disappointed that I have not heard from you on this latter point nor from your Minister after meeting with him on February 22, 1984. Is there any possibility for us to resolve this important issue?

Sincerely,

ROBERT N. HICKS, D.D.S., M.S.  
President  
/pb

cc: Hon. Pierre Bussières

DR. CONRAD GODIN

Born in Three Rivers on April 30, 1904. Son of Hector Louis Godin and Amanda Girard who was the daughter of Octave Girard of the Girard & Godin Factory.

Mr. Hector Godin was the first French Canadian to run an all Canadian industry spanning from Vancouver to Amherst (Nova Scotia) and the first French Canadian to become president of the Toronto Board of Trade. Hector's father was the accountant and travelling agent for Mr. Georges Baptist, owner of l'Ile de Potherie (Wayagamack Island today).

Dr. Godin went to a nursery and primary school from 1910 to 1914. From 1914 to 1919 he went to St. Michaels College in Toronto and from 1919 to 1928 he did his classical studies at the Seminary of Three Rivers. During the summer of 1925 he served in Halifax as a depression range finder.

- 1926      Founder of the Games Committee of the Seminary and nurse during recreation.
- 1928-33   Dental studies at Montreal University (degree with "cum laude" mention); assistant director in Physical Education; coordinator of games with other universities.
- 1933-34   Gets his DDS and a degree in methodology at Toronto University.
- 1934      Starts practicing dental surgery in August in Three Rivers.
- 1932      Gets the University Merit Medal of the Montreal University.  
From 1934 to this day: archivist for the Dental Society of the Mauricie region.
- 1933      Teaches anatomy at the Royal College of Embalming; gets a degree in stomatology (cum laude); chairman of the "Rendez-vous artistiques" of Three Rivers 1939-40; life member of the Canoeing Club Radison.
- 1935      Director of the Alumni Association of the Dental School of the Mauricie region.  
  
Registrar for the Convention of French Dental Surgeons in North America held in Three Rivers June 4-8, 1940.  
  
Director of the Chamber of Commerce in 1940.  
  
Archivist of the Quebec Dental Surgeon Association from 1934 to 1975.
- 1941      Head of the Dental Services for German officers at the concentration camp on exhibition grounds.

- 1942-45 Works as a dentist at the military training camp on exhibition grounds and at the air force base of Cap-de-la-Madeleine.  
President of the Arts, Sciences and Literature Society from 1944 to 1946.
- 1946-47 President of the Quebec Dental Association and of the Dental Society of the Mauricie region in 1947.  
Chairman of the theatrical performances during the Madonna's Coronation Festivities in August 1954.
- 1956 Archivist for the St. Lawrence Bridge Committee.
- 1956-57 Chairman of the Patrons Committee of the "Compagnons de Notre Dame" (theatrical company).
- 1957-62 Teaches iology at the Seminary.
- 1960-62 President and registrar of the Federation of the Quebec Saint-Jean-Batpists Societies.
- 1967 Honorary member of the "Compagnons Notre-Dame."
- 1949-68 Governor of the Quebec Dental Surgeons College.
- 1958-62 Member of the Board of the Canadian Association of French Teachers.
- 1936-64 Teaches stomatology at the Nurses School of the St. Joseph Hospital in Three Rivers.  
April 15, 1971: Writes a plan "The Leader" for the St. Andrews United Church Association.
- 1952-77 Member of the Catholic School Commission of Three Rivers; President in 1958-60.
- 1958-59 Teaches English through History at the Modern English School.
- 1958 Fellow of the International Dental College; assistant director for the Quebec province in 1967-68; director in 1969-70; president elect in 1971; president for Canada, Bermuda, Barbados and the Carribean in 1972.
- 1966 Active member of the Academy of Dentistry.  
July 1967 Awarded the Confederation Medal for services rendered to Canada
- 1967-70 Quebec vice-president of the Board of Governors of the Canadian Cancer Society and president for the Three Rivers section.
- 1965-75 Founder member of the Akira Social Club for the protection of the elderly.

- 1970 Honorary member of the Dental Societies of Quebec City, Montreal, Sherbrooke and North-West.
- 1970 Life Member of "Jeunesses musicales".
- 1972-83 Active member of the Dental History Academy for the Quebec province.
- 1960-84 Active member of the Pierre Fauchard Academy.
- 1969- Active member of the Pro-Canada Association; delegate in Lyon in 1974.
- 1966-84 President of the Regional History Society of Three Rivers.
- 1967 Awarded the School Silver Medal of Merit of the Quebec School Board Federation.
- 1969-75 Vice-president of the Canadian and American Association of Manchester (New Hampshire); awarded Gold Medal in 1969.
- 1969-70 Member of the Regional School Commission of Vieilles-Forges.
- 1968-70 President of the Quebec Historical Societies Federation.  
 August 25, 1977 nominated Officer of the "Ordre de la Fidélité française en Amérique".  
 Sept. 1977 Member of the Quebec Museums Association.  
 Sept. 1978 nominated alumnus of the year of the Three River Seminary.  
 Dec. 18, 1978 awarded the Order of Canada by Governor General E. Schreyer.  
 Dec. 18, 1983 founder president of the Senior University Graduates Association of la Mauricie and les Bois-Francs.  
 Honorary member of Cooke, St. Joseph, Cloutier and Saint-Marie hospitals.
- 1983 Member of the Council for Canada Unity.  
 June 1983 Honorary member of the ODQ.  
 May 1983 Retires -- Life goes on.



DR CONRAD GODIN

Né aux Trois-Rivières le 30 avril 1904. Fils de M. Hector Louis Godin et de Amanda Girard qui était la fille d'Octave Girard fondateur de la manufacture Girard & Godin.

M. Hector Godin fut le 1er canadien-français à diriger une industrie pan-canadienne de Vancouver à Amherst Nouvelle-Ecosse et le 1er canadien français à devenir président du "Board of Trade" de Toronto. Le père d'Hector était le comptable et le voyageur de M. Georges Baptist propriétaire de l'Ile de Potherie (aujourd'hui l'Ile Wayagamack).

Le docteur Godin a fait ses études primaires au Jardin de l'Enfance de 1910 à 1914. De 1914 à 1919, il fit ses études secondaires au Collège St-Michaels de Toronto, de 1919 à 1928, fit son cours classique au Séminaire des Trois-Rivières, en 1925, de juin à septembre - militaire dans l'artillerie lourde à Halifax à titre de: "Depression Range Finder".

1926 Fondateur du comité des jeux du Séminaire et infirmier à la cour de récréation.

1928 à Ses études dentaires à l'Université de Montréal, Doctorat Cum  
1933 Laude. Assistant-directeur d'éducation physique à l'Université de Montréal et organisateur des joutes avec les universités.

1933 à Un 2e Doctorat en Dentisterie opératoire à l'Université de Toronto,  
1934 gradué en Méthodologie à cette même Université.

Début dans la pratique la chirurgie dentaire en Août 1934 aux Trois-Rivières.

Récipiendaire de la médaille du Mérite Universitaire à l'Université de Montréal en 1932.

Archiviste de la Société dentaire de la Mauricie de 1934 à nos jours.

1933 Professeur d'anatomie au Collège Royal d'embaumement et reçu  
staumatologiste Cum Laude. Président des Rendez-Vous Artistiques des Trois-Rivières 1939-40, membre à vie du Club de Canotage Radisson.

1935 Directeur de l'Association des anciens la faculté dentaire de la Mauricie.

Secrétaire général du congrès des Chirurgiens-Dentistes de langue française en Amérique du Nord aux Trois-Rivières les 4 au 8 juin 1940.

- 1940 Directeur de la Chambre de Commerce.
- 1935 à 1975 Archiviste de l'Association des Chirurgiens-Dentistes du Québec
- 1941 En charge du Service Dentaire pour les officiers allemands au camp de concentration sur la terrain de l'exposition.
- 1942 à 1945 Dentiste attaché au camp d'entraînement militaire sur le terrain de l'exposition et du camp d'aviation militaire au Cap-de-la-Madeleine.
- 1944 à 1946 Président de la Société Arts Sciences et Lettres.
- 1946 à 1947 Président de l'Association dentaire de la province de Québec et président de la Société dentaire de la Mauricie.
- Président des représentations théâtrales lors des fêtes du couronnement de la Madone-Evénement qui eut lieu sur le terrain de l'exposition, 15 août 1954.
- 1956 Archiviste du comité du pont sur le Saint-Laurent.
- 1956 à 1957 Président du Comité protecteur des Compagnons de Notre-Dame (Troupe de Théâtre).
- 1957 à 1962 Professeur de biologie en rhétorique au Séminaire de 1957 à 1962.
- 1960 à 1962 Président et secrétaire général de la Fédération des Sociétés St-Jean-Baptiste du Québec.
- 1967 Membre d'honneur des Compagnons de Notre-Dame.
- 1949 à 1968 Gouverneur du Collège des Chirurgiens-Dentistes du Québec.
- 1958 à 1962 Membre du conseil d'administration de l'Association canadienne des éducateurs de langue française.
- 1936 à 1964 Professeur de stomatologie à l'Ecole des infirmiers de l'Hôpital St-Joseph des Trois-Rivières.



15 avril 1971, Acteur dans la pièce "The Leader" à l'association de la St-Andrews United Church.

- 1952 à  
1977 Commissaire à la Commission scolaire catholique des Trois-Rivières.
- 1958 à  
1960 Président de la Commission Scolaire.
- 1958 à  
1959 Professeur d'anglais par l'histoire au Modern English School
- 1958 Fellow du Collège dentaire international, Député régent pour la Province du Québec, 1967-68.  
  
Régent - 1969-70; Président élu en 1971 - Président actif en 1972 pour le Canada, les Bermudes, les Barbades et les Iles Caraïbiennes.
- 1966 Membre actif de l'Académie de Médecine Dentaire.  
  
Juillet 1967, médaille de la Confédération pour services au Canada.
- 1967-70 Vice-président au conseil d'administration de la Société canadienne du cancer pour la Province de Québec et président de la section des Trois-Rivières.
- 1965-75 Membre fondateur de Club Social Akira (pour la protection des personnes âgées).
- 1970 Membre d'honneur des Sociétés dentaires de Québec, Montréal, Sherbrooke et Nord Ouest.
- 1970 Membre à vie des Jeunesses musicales.
- 1972-83 Membre actif de l'Académie d'histoire dentaire pour la province de Québec. 1960 à 1984 membre actif de l'Académie dentaire Pierre Fauchard.
- 1969 Membre actif de l'Association Pro-Canada et délégué à Lyon en 1974.
- 1966 à  
1984 Président de la Société d'histoire régionale des Trois-Rivières.
- 1967 Médaille d'argent du Mérite scolaire de la Fédération des commissions scolaires du Québec.
- 1969-75 Vice-président de l'Association Canado-Américaine de Manchester, New Hampshire.

- 1969 Médaille d'Or de la même Fédération. Commissaire à la Commission scolaire régionale des Vieilles Forges jusqu'en 1970.
- 1968-70 Président de la Fédération des Sociétés d'histoire de la province de Québec.
- 25 août 1977 Nommé Officier de l'Ordre de la fidélité française en Amérique.
- Septembre 1977 Membre de l'Association des musées du Québec.
- Septembre 1978 Nommé l'Ancien de l'année au Séminaire des Trois-Rivières.
- 1978 Décembre 1e 18 - Reçu membre de l'Ordre du Canada pour le Gouverneur Général Edward Schreyer.
- Décembre 18, 1983 - Président fondateur de l'Association des diplômés universitaires aînés de la Mauricie et des Bois Francs.
- Membre honoraire des Hôpitaux, Cooke, St-Joseph Cloutier et Sainte-Marie.
- 1983 Membre du Conseil pour l'Unité du Canada.
- June 1983 - Membre d'Honneur de l'Ordre des dentistes de la province de Québec.
- Mai 1983 - Prend sa retraite et la vie se continueé

## COUNCIL ON CONSTITUTION & BY-LAWS

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### REPORT TO THE ANNUAL CDA BOARD OF GOVERNORS MEETING SEPTEMBER 1984

Members: Dr. G. H. Peacock, Chairman, Saskatchewan  
Dr. G. Anthony, Newfoundland  
Dr. B. Jackson, Ontario  
Dr. M. J. R. Leitch, British Columbia  
  
Dr. D. L. Thompson, Executive Liaison, Alberta

#### 1. Council Meeting

Since the April Interim Board of Governors meeting, the Council has had one conference meeting by telephone on June 6, 1984 to discuss the business before the Council. The results of this meeting are contained within this report.

#### 2. Items Requiring Board Action

Certain sections of the Constitution & By-Laws required re-writing following the recommendations presented to the Interim meeting of the Board in April.

#### 3. Notice of Motion - Amended Conflict of Interest Statement

The following Notice of Motion was presented from the Ontario Dental Association to the CDA Board in April, 1984.

#### NOTICE OF MOTION

THAT there be a new item (f), Article XXI, Section I - Conflict of Interest and it should read: "Conflict of interest shall exist where a member of the CDA or any of its Councils and Committees or the Board of CDSPI is privy to information that could be construed as confidential and of benefit to that individual or any organization with which he may be associated".

Following review of the Notice of Motion submitted by the Ontario Dental Association, Council reviewed the current statement and as a result the Conflict of Interest Statement was carefully considered and subsequently amended.

COUNCIL ON CONSTITUTION & BY-LAWS

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**RESOLVED:**

- 84.59            **THAT Article XXI Section 1 - Conflict of Interest statement be amended as appended.**            Appendix I

**ADOPTED**

**4. Article XVI, Section 4(c) and Article XVI, Section 4 (f)**

Following the acceptance of the Report on the Ad Hoc Committee on Hospitals Services, the Council was required to undertake a re-writing of Article XVI, Section 4 (c) and Article XVI, Section 4 (f).

In the re-writing of these sections Council also realized the necessity to re-write Article XVI, Section 1 (a), as this section names the Councils of the Association.

**RESOLVED:**

- 84.60            **THAT the Article XVI, Section 1 (a), Article XVI, Section 4 (c) and Section 4 (f) be amended as appended.**            Appendix II  
Appendix III  
Appendix IV

**ADOPTED**

Included in the Report of the Ad Hoc Committee on Hospital Services was a recommendation that a Joint Advisory Committee on Accreditation be established. In its review of the current Constitution and By-Laws reference is only made to two committees, these being to the Management Committee and the Membership Committee under Article XI - Officers and Officials.

Council was therefore of the opinion that the establishment of the Joint Advisory Committee on Accreditation could be best handled in accordance with Article XVI, Section 5, or as a responsibility of the two Councils mentioned in the proposed amendments to Article XVI, Section 4 (c) and Article XVI 4 (f) during the establishment of their individual Councils committee structure.

## COUNCIL ON CONSTITUTION & BY-LAWS

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Council is therefore of the opinion that the recommended Joint Advisory Committee on Accreditation not be written into the CDA Constitution and By-Laws at this time.

### Items For Information - Not Requiring Board Action

5. Review of Revised Constitution and By-Laws  
of Canadian Academy of Oral Radiology

The Committee reviewed this revised document and were in agreement that there did not seem to be any part of it which would be in conflict with the Constitution and By-laws of CDA.

6. Canadian Academy of Periodontology  
Constitution and By-laws

The Committee is awaiting word from the Academy that their Constitution which was anticipated to be presented to their Spring meeting has been approved by the membership.

Respectfully submitted,

Dr. G. H. Peacock  
Chairman,  
Council on Constitution  
and By-Laws

### ADOPTION OF REPORT

The Board of Governors accepts the Report of the Council on Constitution & By-Laws with appreciation.

CURRENT ARTICLE XXI, SECTION I  
Conflict of Interest

Section I

- a) Every member of the Board of Governors of the Association who has directly or indirectly any interest in any contract or transaction or in any business or undertaking which provides dental supplies or services of any kind to the dental profession, shall declare his material interest in the foregoing. He then will absent himself from discussion and voting on such contract or transaction.
- b) If a Governor has made a declaration in compliance with the above provisions and he has not voted in respect of the contract or transaction, and if he has acted honestly and in good faith, he is not accountable to the Association for any profit or gain realized and the contract or transaction is not voided.
- c) The above provisions apply automatically to the members of the various Committees, and Councils of the Association, including the Executive Council. Each Board and/or Council or Committee member in order to make sufficient disclosure, is required to do so not only to his Council, etc., members but also to the Board of Governors in writing.
- d) All nominees for election or appointment to Councils or Committees of the Association, including the Executive Council shall declare on the nomination form, all possible potential conflicts of interest. These shall be made known to the Board prior to the election.
- e) That, of itself, being a Trustee of the CDA administered insurance and investment plans and/or of itself being a representative of the CDA to the Board of Canadian Dental Service Plans Incorporated shall not constitute a conflict of interest for a current member or a candidate for election to the Executive Council of the CDA.
- f) The Board shall be the final authority on any disputed conflict of interest.

April 1984

PROPOSED AMENDED ARTICLE XXI, SECTION I  
Conflict of Interest

Section I

- a) Every member of the Board of Governors of the Association who has directly or indirectly any interest in any contract or transaction or in any business or undertaking which provides dental supplies or services of any kind to the dental profession, shall declare his material interest in the foregoing. He then will absent himself from discussion and voting on such contract or transaction.
- b) If a Governor has made a declaration in compliance with the above provisions and he has not voted in respect of the contract or transaction, and if he has acted honestly and in good faith, he is not accountable to the Association for any profit or gain realized and the contract or transaction is not voided.
- c) The above provisions apply automatically to the members of the various Committees, and Councils of the Association, including the Executive Council. Each Board and/or Council or Committee member in order to make sufficient disclosure, is required to do so not only to his Council, etc., members but also to the Board of Governors in writing.
- d) All nominees for election or appointment to Councils or Committees of the Association, including the Executive Council shall declare on the nomination form, all possible potential conflicts of interest. These shall be made known to the Board prior to the election.
- e) That, of itself, being a Trustee of the CDA administered insurance and investment plans and/or of itself being a representative of the CDA to the Board of Canadian Dental Service Plans Incorporated shall not constitute a conflict of interest for a current member or a candidate for election to the Executive Council of the CDA.
- f) A conflict of interest shall exist where a member of the Board of the CDA or any of its Councils and Committees is privy to information that could be construed to be confidential and of benefit to that individual or any organization with which he may be associated. In such situations such a member shall be required to give an undertaking that such information be kept confidential.
- g) The Board shall be the final authority on any disputed conflict of interest.



CURRENT ARTICLE XVI , SECTION 1 (A)

Section 1 Councils and Committees

(a) Councils

The Councils of the Association shall be

Constitution and By-laws  
Dental Materials and Devices  
Education  
Ethics  
Health Care  
Hospital Services  
Information Services  
Insurance and Investment  
Nominations  
Student Affairs

PROPOSED AMENDED ARTICLE XVI, SECTION 1 (a)

COUNCILS AND COMMITTEES

Section 1 Councils and Committees

(a) Councils

The Councils of the Association shall be

Constitution and By-laws  
Dental Materials and Devices  
**Education and Accreditation**  
Ethics  
Health Care  
**Hospital and Institutional Services**  
Information Services  
Insurance and Investment  
Nominations  
Student Affairs

CURRENT ARTICLE XVI, SECTION 4 (C)

(c) Council on Education

The Council on Education shall consist of thirteen members. In electing the membership of the Council the Board of Governors will assure that representation is constituted as follows:

- (1) Three members shall be full-time active members of the Faculties of Canadian Dental Schools.
- (2) Four members shall not be full-time Dental Faculty members. The Chairman shall be appointed by the Executive Council from Groups 1 and 2.
- (3) One person nominated by the Council on Student Affairs.
- (4) Two persons from nominations of the Registrars, by the Conference on National Licensing Bodies.
- (5) One person from nominations by National Dental Examining Board of Canada.
- (6) One person from nominations by Association of Canadian Faculties of Dentistry.
- (7) One person from nominations by Royal College of Dentists of Canada.
- (8) A lay person appointed by the Board of Governors.

The election to Council is for a three-year term, staggered, once renewable except for the student member, who shall be elected for one year renewable. No person shall hold more than one position on the Council nor may he represent more than one organization or group.

The Association of Canadian Faculties of Dentistry, the National Dental Examining Board of Canada, the Royal College of Dentists of Canada, the Council on Student Affairs and the Canadian Forces Dental Services have the privilege, without Canadian Dental Association financial responsibility, of non-voting participation in the Council on Education of one representative each.

The Council on Education shall have the power to appoint committees and subcommittees as it shall deem expedient.

PROPOSED AMENDED ARTICLE XVI, SECTION 4 (C)

(c) **Council on Education and Accreditation**

The Council on Education and Accreditation shall consist of **seventeen** members. In electing the membership of the Council the Board of Governors will assure that representation is constituted as follows:

- (1) Three members shall be full-time active members of the Faculties of Canadian Dental Schools.
- (2) Four members shall not be full-time Dental Faculty members. The Chairman shall be appointed by the Executive Council from Groups 1 and 2.
- (3) One person nominated by the Council on Student Affairs.
- (4) Two persons from nominations of the Registrars, by the Conference of Provincial Dental Licensing Authorities.
- (5) **Two persons** from nominations by National Dental Examining Board of Canada.
- (6) One person from nominations by Association of Canadian Faculties of Dentistry.
- (7) One person from nominations by Royal College of Dentists of Canada.
- (8) A lay person appointed by the Board of Governors.
- (9) One person appointed by the Canadian Dental Hygienists' Association.
- (10) One person appointed by the Canadian Dental Assistants' Association.

The election to Council is for a three-year term, staggered, once renewable except for the student member, who shall be elected for one year renewable. No person shall hold more than one position on the Council nor may he represent more than one organization or group. The election or appointment to Council is for a three year term.

The Association of Canadian Faculties of Dentistry, the National Dental Examining Board of Canada, the Royal College of Dentists of Canada, the Council on Student Affairs and the Canadian Forces Dental Services have the privilege, without Canadian Dental Association financial responsibility, of non-voting participation in the Council on Education and Accreditation of one representative each.

CURRENT ARTICLE XVI, SECTION 4 (C)

The Council on Education may recommend to the Executive Council the appointment of consultants or advisors and recommend for employment such other personnel as is needed from within or without the membership of the Association for any purpose within its jurisdiction, providing that if such appointments involve expenditures of funds other than those already allotted to the council they must be approved by the Board of Governors.

It shall be the duty of the Council of Education:

- ( i) to give study to all matters relating to dental education.
- ( ii) to develop guidelines and make recommendations of the same to the Board of Governors in respect of matters relating to Dental Education.
- ( iii) to evaluate the various forms of dental education and to recommend revisions to the Board of Governors when necessary.
- ( iv) to accredit undergraduate, postgraduate and graduate programs in dentistry, programs in dental hygiene, and dental assisting courses, and periodically review such accreditation in accordance with requirements and standards approved by the Board of Governors and such other areas of dental education as may from time to time be approved by the Board of Governors.
- ( v) to approve dental internships and residencies in accordance with requirements and standards approved by the Board of Governors, when such dental internships and residencies are components of accreditable postgraduate and graduate programs.
- ( vi) to develop guidelines and make recommendations of the same to the Board of Governors in respect of matters relating to specialization in dentistry to programs leading to specialist qualifications.
- ( vii) to recommend to the Board of Governors methods of assisting corporate members and/or provincial licensing bodies with respect to dental education, when requested.

PROPOSED AMENDED ARTICLE XVI, SECTION 4 (C)

The Council on Education and Accreditation shall have the power to appoint committees and subcommittees as it shall deem expedient.

The Council on Education and Accreditation may recommend to the Executive Council the appointment of consultants or advisors and recommend for employment such other personnel as is needed from within or without the membership of the Association for any purpose within its jurisdiction, providing that if such appointments involve expenditures of funds other than those already allotted to the council they must be approved by the Board of Governors.

It shall be the duty of the Council of Education and Accreditation:

- ( i) to give study to all matters relating to dental education.
- ( ii) to develop guidelines and make recommendations of the same to the Board of Governors in respect of matters relating to Dental Education.
- ( iii) to evaluate the various forms of dental education and to recommend revisions to the Board of Governors when necessary.
- ( iv) to accredit undergraduate, postgraduate and graduate programs in dentistry, programs in dental hygiene, and dental assisting courses, and periodically review such accreditation in accordance with requirements and standards approved by the Board of Governors and such other areas of dental education as may from time to time be approved by the Board of Governors.
- ( v) to approve dental internships and residencies in accordance with requirements and standards approved by the Board of Governors, when such dental internships and residencies are components of accreditable postgraduate and graduate programs.
- ( vi) to approve the didactic elements of hospital and institutional internships in accordance with requirements approved by the Board of Governors, when such hospital and institutional internships are components of accreditable dental service programs.
- ( vii) to co-operate where appropriate with the Council on Hospital and Institutional Services in the undertaking of joint surveys of hospital or institutional dental services.
- ( viii) to develop guidelines and make recommendations of the same to the Board of Governors in respect of matters relating to specialization in dentistry to programs leading to specialist qualifications.
- ( ix) to recommend to the Board of Governors methods of assisting corporate members and/or provincial licensing bodies with respect to dental education, when requested.

CURRENT ARTICLE ARTICLE XVI, SECTION 4 (F)

## (f) Council on Hospital Services

The Hospital Services Council shall consist of five members, one of each from the Atlantic Provinces, Quebec, Ontario, the Prairie Provinces and British Columbia.

That following selection by the Executive Council of the Chairman of the Council on Hospital Services, the CDA President in consultation with the corporate body or region of corporate bodies from which the Chairman is selected is authorized to appoint another representative from that Province or region to fill the vacancy created on the Council.

It shall be the duty of the Hospital Services Council:

- ( i) to assist in maintaining a high standard of dental services in Canadian Hospitals.
- ( ii) to approve hospital dental services and to define roles and responsibilities which meet the requirements of the Corporate Members.
- ( iii) to examine and report on the Provincial Acts governing provision of dental services in hospitals.



PROPOSED AMENDED ARTICLE XVI, SECTION 4 (F)

(f) **Council on Hospital and Institutional Services**

The **Hospital and Institutional Services Council** shall consist of five members, one of each from the Atlantic Provinces, Quebec, Ontario, the Prairie Provinces and British Columbia.

That following selection by the Executive Council of the Chairman of the **Council on Hospital and Institutional Services**, the CDA President in consultation with the corporate body or region of corporate bodies from which the Chairman is selected is authorized to appoint another representative from that Province or region to fill the vacancy created on the Council.

It shall be the duty of the **Hospital and Institutional Services Council**:

- ( i) to assist in maintaining a high standard of dental services in Canadian Hospitals and Institutions.
- ( ii) to approve hospital and institutional dental services and to define roles and responsibilities which meet the requirements of the Corporate Members.
- ( iii) to examine and report on the Provincial Acts governing provision of dental services in hospitals and institutions.
- ( iv) to co-operate with the Council on Education and Accreditation in the undertaking of appropriate surveys of hospital or institutional dental programs.

## DENTAL MATERIALS & DEVICES

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### REPORT TO THE ANNUAL CDA BOARD OF GOVERNORS MEETING SEPTEMBER 1984

Members: Dr. R.Y. Barolet, Chairman, Quebec  
Dr. P.C. Desautels, Quebec.  
Dr. J.M. Gourley, Newfoundland  
Dr. L.N. Johnson, Ontario.  
Dr. D.W. Jones, Nova Scotia.  
Dr. R.H. Roydhouse, British Columbia  
Dr. D.C. Smith, Ontario  
Dr. P.T. Williams, Manitoba

Dr. J. Robertson, Executive Liaison, P.E.I.,

#### 1. Council Meeting

One Council meeting took place at the Ottawa headquarters on March 26, 1984 since the last report to the 1983 Board of Governors meeting which was held in Vancouver, British Columbia.

#### Items Requiring Board Action

#### 2. CDRF Award

Dr. Pierre Desautels informed Council that there was only one application this year for the CDRF Award and that it had been evaluated by two referees. Based on the referees evaluations of this submission,

#### RESOLVED:

- 84.61 THAT Dr. G. Lavigne of the Université de Montréal be awarded the 1984 CDRF Award for his paper on "Human Factors in the Measurement of the Masseteric Silent Period".

ADOPTED

## DENTAL MATERIALS &amp; DEVICES

3. CDA/CSA Certification Program

Since our last report to this Board, discussions have taken place with a representative of the Dental Industry association of Canada (DIAC) who seem interested in the CDA/CSA Certification Program. An invitation has been received to attend their Board of Directors meeting so that good liaison and communications can take place between the two organizations concerned. Based on these discussions,

## RESOLVED:

- 84.62      **THAT CDA enter into discussions with DIAC with a view to establishing an agreed financial basis for a testing and standardization program on Dental Materials and Devices.**

## ADOPTED

Discussions have been held with members of the CSA on possible mechanisms for funding such a project. The Executive Director has written the Federal Government requesting financial support for the project. The CSA is also writing to the Federal Government.

It was the consensus of the meeting, however, that this project which everyone supports has remained an idea for over a year and that it is easier to obtain funds for an actual project which has begun than it is for a concept. Council recognized that the CDA Board did not wish to undertake an ongoing obligation and that the initial sum of \$50,000 requested at the Vancouver meeting and refused was a very significant commitment. To regain some momentum on this project, Council feels it is important for the Board to make a financial commitment and is recommending a reduced sum of \$25,000 as seed money from CDA. Council stresses that the Board should accept such an obligation to give this project some momentum and stresses the following points:

1.The \$25,000 represents equipment and equipment related costs only. Funds for these purposes would go to the two testing universities on the basis of precise requirements for initiation of parts of the testing program.

2.The Seed money will permit the establishment of a limited program only. Council hopes that this limited start will provide the momentum necessary to get the project further financial support.

DENTAL MATERIALS & DEVICES

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RESOLVED:

- 84.63      THAT Council approves CDA financial support up to an amount of \$25,000 for equipment and related costs of mounting a limited dental materials certification program (with the understanding that the specific estimated equipment related costs will be received from the CSA) and that the intent is to make grants to the schools for the equipment required for testing.

DEFEATED

Items for Information - Not Requiring Board Action

4.      Mercury Toxicity

Publication of the statement on "The Use of Mercury and Amalgams in Dentistry" was well received by the profession and it is proposed to re-publish this statement in the Journal shortly.

The Study on Mercury Contamination published by the Manitoba Government was also recommended for publication in the Journal since this information is very vital to our membership.

Respectfully submitted,

Dr. R. Y. Barolet  
Chairman,  
Council on Dental  
Materials & Devices

ADOPTION OF REPORT

The Board of Governor accepts the Report of the Council on Dental Materials and Devices with appreciation.

## COUNCIL ON EDUCATION

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### REPORT TO THE ANNUAL CDA BOARD OF GOVERNORS MEETING SEPTEMBER 1984

Members: Dr. K. C. Bentley, Chairman, Quebec  
Dr. N. H. Andrews, Nova Scotia  
Dr. G. S. Beagrie, British Columbia  
Dr. M. A. Boyd, British Columbia  
Dr. G. W. Burgman, Ontario  
Dr. M. Jahjah, Quebec  
Dr. N. J. Layton, Nova Scotia  
Dr. E. W. McIntyre, Alberta  
Dr. K. F. Pownall, Ontario  
Dr. A. Schwartz, Manitoba

Mrs. Kate MacDonald, Canadian Dental Hygienists'  
Association, Nova Scotia  
Ms. M. Paquin, Canadian Dental Assistants'  
Association, British Columbia

Dr. B. W. Holmes, Executive Liaison, Ontario

Also in attendance were Dr. M. Santangelo, A.D.A. representative; Dr. G. Kravis, Registrar, N.D.E.B.; Col. J.M.A. Donely, C.F.D.S.S., Borden; Dr. D. K. Peters, C.F.D.E.; Dr. M. Williamson, Chairman, Continuing Education Committee. Staff members were Mr. B. J. Henderson, Director of Accreditation; Mrs. T. Appelt, Secretary of Council and Miss L. Teteruck, Director of Educational Services.

#### 1. Council Meeting

The Council on Education met on June 6 and 7, 1984 in Ottawa. Immediately preceding this meeting, Committee No. 1 met on June 5 and Committee No. 2 on June 4. The closed session of Council was on the morning of June 6 with the remainder of the time devoted to the open session.

## COUNCIL ON EDUCATION

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### Committee No. 1 - Membership

I. C. Bennett, Chairman, Halifax  
N. H. Andrews, Halifax  
G. S. Beagrie, Vancouver  
K. C. Bentley, Montreal  
E. Busvek, St. Thomas  
M. Jahjah, Montreal  
N. J. Layton, Truro  
E. W. McIntyre, Edmonton  
K. F. Pownall, Toronto

### Committee No. 2 - Membership

M. Boyd, Chairman, Vancouver  
K. C. Bentley, Montreal  
G. W. Burgman, Kirkland Lake  
Kate MacDonald, Halifax  
M. Paquin, Vancouver  
A. Schwartz, Winnipeg

### Committee No. 3 - Dental Admissions Test Committee - Membership

M. Boyd, Chairman  
I. C. Bennett  
J. Krupanszky  
A. Vaillancourt  
G. W. Thompson, Consultant  
J. Graham, Consultant  
L. Graham, Consultant

### Continuing Education Committee - Membership

M. Williamson, Chairman  
M. Jahjah  
D. Chaytor  
A. A. Bene

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Ad Hoc Committee on Documentation

K. C. Bentley, Chairman  
L. C. Bennett  
M. Boyd

Ad Hoc Committee on Mandatory Prelicensure Period

G. S. Beagrie, Chairman  
K. C. Bentley  
N. J. Layton  
J. P. Lussier  
K. Pownall

Nominating Committee - Membership

N. H. Andrews, Chairman  
K. F. Pownall

2. Items Requiring Board Action

(1) Ad Hoc Committee on Mandatory Prelicensure

Dean Beagrie presented the report of this Committee.

RESOLVED:

84.64            THAT the Council on Education of the Canadian Dental Association, taking cognizance of the report submitted, recognizes the importance of further exploring the concept of a prelicensure period for all new dental graduates.

THAT the Council on Education recommends to the Board of Governors that in conjunction with the Association of Canadian Faculties of Dentistry, the National Dental Examining Board, the Provincial Dental Associations and Licensing Authorities, that the Canadian Dental Association sponsor, through the the Council on Education, in consultation with the Council on Student Affairs, a two-day conference with workshops on the prelicensure concept, and if approved, that the Ad Hoc Committee on Mandatory Prelicensure act as the planning committee for the proposed conference.

The Board of Governors agrees in principle subject to receiving more information re budget implications to be presented in March 1985.

ADOPTED



COUNCIL ON EDUCATION

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(2) Ad Hoc Committee on Documentation

The report of the Ad Hoc Committee was received and the following resolutions were adopted by Council for recommendation to the Board of Governors.

**RESOLVED:**

- 84.65            a) THAT curricular guidelines of the American Association of Dental Schools be used by both the Canadian Dental Association and the dental schools as a resource to review the adequacy of the programs in Canadian dental schools.

**ADOPTED**

**RESOLVED:**

- 84.66            b) THAT the Canadian Dental Association carry out an annual survey of schools similar to the A.D.A. survey and that the A.D.A. be approached regarding the inclusion of Canadian data for analysis.

**ADOPTED**

**RESOLVED:**

- 84.67            c) THAT the document "Safeguarding Objectivity of Discussion of Survey Reports" be approved.

Appendix I

**ADOPTED**

**RESOLVED:**

- 84.68            d) THAT the addition of paragraph 3, page 8a, of the Handbook of Evaluation procedures be approved as follows:

Appendix II

"...and the accreditation status becomes effective thirty (30) days after receipt of notification by the institution."

**ADOPTED**

COUNCIL ON EDUCATION

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RESOLVED:

- 84.69                    e) THAT the Accreditation Appeal Procedure,  
as presented to Council, be approved. Appendix III

ADOPTED

RESOLVED:

- 84.70                    f) THAT the document Requirements For Approval  
Of A Program Leading To A DDS/DMD Degree be  
approved subject to minor editorial changes. Appendix IV

ADOPTED

RESOLVED

- 84.71                    g) THAT the document Requirements For Approval  
Of A Program Leading To A Dental Hygiene  
Diploma/Certificate be approved subject  
to minor editorial changes. Appendix V

ADOPTED

RESOLVED:

- 84.72                    h) THAT the document Requirements For Approval  
Of A Program Leading To A Dental Assisting  
Diploma/Certificate be approved subject to  
minor editorial changes. Appendix VI

ADOPTED

The Ad Hoc Committee on Documentation also presented a statement on Unproven Treatment Methods and prepared at the request of Council on Education. Council decided that it was not the most appropriate body to forward such a statement directly to the Board for consideration.

RESOLVED:

- 84.73            i) THAT the statement re: unproven treatment methods be referred to the Council on Health Care of the Canadian Dental Association for action and subsequent referral to the Executive Council and Board of Governors

Appendix VII

The Board of Governors agrees and further recommends that the statement be referred to Council on Ethics as well as the Council on Health Care for comments.

ADOPTED

- (3) Terms of Reference - Council on Education

Appendix VIII

Council reviewed the existing terms of reference of the Council and noted some ambiguity with respect to attendance at the in-camera sessions.

RESOLVED:

- 84.74            THAT the in-camera sessions be restricted to Council members, appropriate CDA and ADA staff and to the Executive Liaison.

ADOPTED

RESOLVED:

- 84.75            THAT the Council on Constitution and By-Laws be asked to delete the paragraph beginning "The Association of Canadian Faculties of Dentistry..." and ending "...of one representative each."

The Board of Governors referred this resolution back to Council on Constitution and By-Laws for implementation.

ADOPTED

(4) Teaching Conference

The report of the 1983 Teaching Conference, "Teaching of Dental Practice Management" was received. Council recommends that this report be distributed to the Canadian dental schools for information and that Dr. Roger Ellis be sent a letter of thanks for having chaired the conference.

In his report, Dr. Ellis suggested the need for a task force to carry out several of the steps suggested in the recommendations. This matter was referred by Council to the Association of Canadian Faculties of Dentistry.

A recommendation was received from the Association of Canadian Faculties of Dentistry for the 1985 Teaching Conference.

**RESOLVED:**

- 84.76            **THAT the 1985 Teaching Conference Topic be "The Teaching of Dentistry to Allied Health Professionals" and that Dr. Patrick Blahut be invited to chair the conference.**

**ADOPTED**

3. Items For Information - Not Requiring Board Action

(1) Dental Admissions Test Committee

A very comprehensive report was received from the Chairman of the Committee, Dr. Marcia Boyd. Dr. Bennett presented the results of a survey on Admissions, a copy of which is appended to the report. Recommendations from the Committee regarding membership and appointments were approved by Council.

Appendix IX

(2) Continuing Education Committee

The report of the Continuing Education Committee was presented by its chairman, Dr. M. Williamson.

The terms of reference of this Committee were reviewed by Council and the following clauses were added:

- (i) assist, when requested, in planning the scientific program of annual conventions in conjunction with the appointed Scientific Chairman for that meeting,
- (ii) identify topics of national interest that could be presented by the CDA at times other than the annual convention,
- (iii) inform Council of, and make recommendations on new developments and research in the area of continuing education.

The Registrar of N.D.E.B. informed Council that N.D.E.B. is investigating the idea of a Continuing Education Program through self assessment. Council approved the following resolution.

THAT Dr. M. Jahjah be appointed the Continuing Education official liaison representative between this Council and the National Dental Examining Board of Canada.

### (3) Reports

Council received reports from the following organizations with thanks:

- a) National Dental Examining Board of Canada
- b) Royal College of Dentists of Canada
- c) Association of Canadian Faculties of Dentistry
- d) Canadian Dental Hygienists' Association

The Director of Accreditation presented his report on the Portability of Hygienists. Council adopted the following resolution:

THAT the staff be instructed to implement the four (4) recommendations in the conclusions of the report on Portability of Hygienists and report to the Executive Council and Council on Education and Accreditation, the outcome.

## COUNCIL ON EDUCATION

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### e) Canadian Dental Assistants' Association

Dental Assistants also have a portability problem. Council adopted the following resolution:

THAT the Director of Accreditation be requested to write to the Canadian Dental Assistants' Association asking them:

1. to identify the de facto basic dental assistant - i.e. the lowest common denominator in terms of dental assisting skills taught in all dental assisting programs in Canada.
2. to state what they believe the "ideal" basic dental assistant should be.
3. to provide a comprehensive listing of additional intra-oral duties and competency profiles that are possibly grouped in modules that CDAA considers desirable - i.e. orthodontic module endodontic module, oral surgery module.
4. to provide CDAA recommendations to assist the Ad Hoc Committee on Documentation in formulating minimum requirements for the accreditation process of dental assisting programs that teach intra-oral skills.

f) Council on Student Affairs

g) Canadian Fund for Dental Education

h) National Cancer Institute

### 84.77 MOTION:

THAT the Director of Accreditation write a letter to both the Canadian Dental Hygienists' Association and the Canadian Dental Assistants' Association rephrasing items 1 & 2 in his report on Portability of Hygienists and Dental Assistants stating that CDA does not actually want an opinion but that we wish information on what actually exists today across the country.

CARRIED

## COUNCIL ON EDUCATION

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Council noted that Dr. David Gardner has resigned his position as representative to N.C.I. Dr. J.H.P. Main has been appointed to replace Dr. Gardner. Council passed the following resolution:

THAT the Chairman of Council be directed to approach the Executive of the National Cancer Institute with the suggestion that one Terry Fox Cancer Research Clerkship be offered to each Canadian Faculty of Dentistry in a manner similar to that used by the M.R.C. for their current student scholarship program.

### (4) Surveys

A list of institutions requiring surveys of their programs during the 1984/85 academic year was received and approved.

#### Survey of Programs - 1983-84

Programs were accredited for the following:

- University of British Columbia
  - Undergraduate Program
  - Postgraduate Program in Periodontics
  - Program in Dental Hygiene
- University of Alberta
  - Program in Dental Hygiene
- University of Western Ontario
  - Undergraduate Program
  - Graduate Program in Orthodontics
- Canadian Forces Dental Services School
  - Program in Dental Hygiene
  - Program in Dental Assisting
- Kelsey Institute of Applied Arts & Science
  - Program in Dental Assisting
- Nova Scotia Institute of Technology
  - Program in Dental Assisting



## COUNCIL ON EDUCATION

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Progress reports were received from Université Laval (Undergraduate Program), University of Toronto (Undergraduate Program), Holland College (Dental Assisting) and Malaspina College (Dental Assisting).

As it seems likely that CDA will be appointed by the Ontario Council of Regents as the accrediting body for dental auxiliary programs in Ontario Community Colleges and as the workload for Council will be heavy, Council adopted; the following resolution:

THAT the accreditation status of all those  
auxiliary programs expiring in 1984 be  
extended to 1985.

New requirements for a number of specialty programs including Endodontics, Periodontics, Paedodontics and Oral and Maxillofacial Surgery have been prepared by the American Dental Association. Council notes the change in the duration of a program in Oral Pathology. Effective January, 1986 programs in Oral Pathology will be of three years duration.

### (5) Nominating Committee

The following nominations were approved by Council.

Ad Hoc Committee on Documentation  
Chairman of Council, Chairman  
Dr. Ian Bennett  
Dr. Marcia Boyd

### (6) Summary

Council continues to recognize and carry out its responsibilities relating to education and accreditation. It is cognizant of the report of the Ad Hoc Committee on Hospital Services adopted by the Board of Governors in April, 1984 and looks forward to the cooperative effort to be made by the new Councils on Education and Accreditation and Hospital and Institutional Services with respect to accreditation.

## COUNCIL ON EDUCATION

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Council notes with regret that Dean Ian Bennett and Dr. Ed. Busvek will be leaving Council and extends to them its sincerest thanks for jobs well done.

Council notes with pleasure the addition to CDA staff of Mr. Brian Henderson as the new Director of Accreditation. His past experiences will prove, as it already has, to be a great asset to this Council.

Finally, Council wishes to express its sincerest thanks to Thora Appelt for her untiring efforts on its behalf.

Respectfully submitted,

Dr. Kenneth C. Bentley,  
Chairman,  
Council on Education

### ADOPTION OF REPORT:

The Board of Governors accepts the Report of the Council on Education with appreciation.

SAFEGUARDING OBJECTIVITY OF DISCUSSION  
OF SURVEY REPORTS

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When a Committee or Council is to discuss an accreditation survey report for a program or service with which a member or observer has a connection, either real or apparent, as determined by the Chairman, the member or observer shall be excused from the meeting during specific discussion of the report.

The member or observer has the right to appeal the Chairman's decision to the remaining members of the Committee or Council whose decision by majority vote shall be binding.

July/84

PROPOSED ADDITION PARAGRAPH 3, PAGE 8A  
HANDBOOK ON EVALUATION PROCEDURES

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and it is therefore considered questionable if full unqualified approval should be granted to the program until the school has enrolled, and has perhaps graduated, something approximately the eventual full class size.

2. Certain classifications, notably Preliminary Approval and Accreditation Eligible, are granted to provide evidence to prospective students, educational institutions, licensing bodies, governments, granting agencies, etc., that at the time of evaluation a developing program meets standards set forth in the Requirements for Approval of an Undergraduate Dental Program or the Accreditation Requirements Dental Hygiene Education or the Accreditation Requirements Dental Assisting Education and Accreditation Requirements Dental Laboratory Technology or the Minimum Requirements for Approval of Postgraduate Programs Leading to a Qualification in an Area of Specialization recognized by the Canadian Dental Association.
3. The announcement of accreditation awards is made annually by the Council on Education, and the accreditation status becomes effective thirty (30) days after receipt of notification by the institution.
4. It should be noted by institutions required to submit Progress Reports that such reports should address each recommendation and suggestion contained in the report of the site visit.

DRAFT

APPEAL PROCEDURE

There shall be an accreditation review procedure to provide for fair and equitable adjudication of contested accreditation decisions.

PART I RECONSIDERATION

1. Should the Council on Education grant the status of **CONDITIONAL APPROVAL** or **PROVISIONAL APPROVAL**, or if accreditation classification is denied or withdrawn, the educational institution will have the right to request **RECONSIDERATION** by the Council.
2. Upon receipt of notification by the Administrator of a surveyed educational program which has been granted an accreditation status as defined in the preceding paragraph, the Administrator of such a program must submit a written request within a period of thirty (30) days if **RECONSIDERATION** is desired.

A written brief must be submitted within a period of 60 days and Council will normally arrange a **RECONSIDERATION** within an additional 60 days. On institutional request and with the approval of the Chairman of Council, the timetable may be accelerated if the documentation is provided more rapidly.

3. Upon receipt of the request for **RECONSIDERATION** the Council, at its next meeting, will hold a hearing to which has been invited the Administrator of the Educational Program. The Administrator, or a designate, may be accompanied by up to three (3) colleagues able to provide information to assist the Council in the **RECONSIDERATION**.
4. The **RECONSIDERATION** will be held before a duly constituted meeting of Council. The **RECONSIDERATION** will be attended by:
  - 1) Representative(s) of the institution
  - 2) Chairman and members of the survey team
  - 3) The Director of Accreditation, and such other CDA staff as deemed necessary by the Chairman of Council.
5. The Reconsideration will commence with a plenary session attended by representatives of the survey team during which the representative(s) of the institution may clarify and expand upon their written presentation. Council will conclude the plenary session with a question period following which the institution's representative(s) will be excused. Council will then have an opportunity to direct questions to the survey team representatives, following which they too will be excused. Independent consideration by Council will then commence, although Council may exercise an option to recall representatives of either the institution or the survey team.

6. The Director of Accreditation will advise the Administrator, within a period of seven (7) days, of the decision of Council.
7. In the event of a RECONSIDERATION request the accreditation of the educational program at the time of site visit will remain in effect until the decision of the RECONSIDERATION.
8. Costs incurred by the educational institution or its representatives with respect to attendance at or participation in the RECONSIDERATION will be the responsibility of the institution.

PART II APPEAL OF RECONSIDERATION DECISIONS RESULTING IN  
DENIALS OF ANY ACCREDITATION STATUS

ACCREDITATION APPEAL BOARD

1. An APPEAL of a RECONSIDERATION decision will be permitted only when RECONSIDERATION to deny any accreditation status has been made by the Council on Education.
2. Upon receipt of notification of the denial of accreditation status the Administrator of such a program must submit a written request and documentation within a period of thirty (30) days if an APPEAL is desired.
3. Upon receipt of the notice of APPEAL of accreditation denial an Appeal Board will be appointed, within thirty (30) days.

An Accreditation Appeal Board shall not be a permanent body but rather one appointed when the need arises and shall consist of three (3) members:

- a) one member appointed within 30 days by the administrator of the educational institution, such member not being a member of the staff of the institution in which the educational program is mounted and having no active involvement in the educational program
- b) one member appointed within 30 days by the Chairman of the Council on Education, such member being neither a current member of Council nor of any of Council's committees and
- c) one member selected by (a) and (b), such member serving as chairman.

If (a) and (b) are incapable, within a period of thirty (30) days, of reaching agreement on the selection of the chairman then the following national bodies will name the chairman:

- a) Royal College of Dentists of Canada - if the appeal is in respect of a graduate or postgraduate program,

3.      b)    National Dental Examining Board - if the appeal is in respect of a DDS/DMD program,
- c)    Canadian Dental Hygienists' Association for Hygiene Programs and
- d)    Canadian Dental Assistants' Association for Assisting Programs.

None of the members of the Accreditation Appeal Board shall have, at any time, participated in the deliberations bearing on any aspect of the matter being appealed.

In the event of obvious conflict of interest or other inability to act, the Chairman of Council or the President of the Canadian Dental Association will make alternative arrangements.

In addition, the Director of Accreditation and such other CDA staff as invited by the Chairman of the Appeal Board will attend the Hearing.

4.    The Accreditation Appeal may receive submissions from the meeting with representatives of the Educational institution, the Council on Education and other interested parties as recognized by the Board.
5.    "Notice of Accreditation Appeal", indicating time and place shall be given by the Chairman of the Accreditation Appeal Board, to the Academic Administrator and to the Chairman of the Council on Education. The Hearing will be held within a period of thirty (3) days following the appointment of the Appeal Board.
6.    A party to the proceedings may, at a Hearing,
  - a)    call and examine witnesses and present his arguments and submissions;
  - b)    conduct cross-examination of witnesses reasonably required for a full and fair disclosure of the facts to which they have given evidence.
7.    The Accreditation Appeal Board may admit as evidence
  - a)    any oral testimony, and
  - b)    any document or other thing, relevant to the subject matter of the review, and may act on such evidence but the Board may exclude anything unduly repetitious.

Neither the Educational institution, the Council on Education nor the Board shall be represented by legal Counsel.



8. Decisions shall be based solely on the evidence or information presented at the Hearing. The majority opinion of the Accreditation Appeal Board shall be, within the Canadian Dental Association, binding on all parties. In the event of dis-satisfaction on the part of either principal to the APPEAL, recourse to the courts is always available.
9. In the event of an Appeal request, the accreditation status of the educational program at the time of the site visit will remain in effect until the decision of the Appeal Board.
10. The Chairman shall prepare a written report giving reasons for the decision and shall submit the said report, within fourteen (14) days of the conclusion of the Hearing, to the Executive Director of the Association who will be responsible for transmitting a copy of the report to the academic administrator and to the Chairman of the Council on Education.
11. The costs incurred by the Accreditation Appeal Board will be shared equally by the educational institution and the Council on Education. The costs incurred by the educational institution or its representatives in respect of its attendance at and participation in the Hearing will be borne by the said educational institution.

REQUIREMENTS FOR APPROVAL OF A PROGRAMLEADING TO A DDS/DMD DEGREE

The Council on Education of the Canadian Dental Association is dedicated to the objective of developing and improving dental education in Canada to the highest possible levels. The Council has presented requirements and guidelines pursuant to dental school evaluation since 1948 and through its committees and survey teams has been accrediting programs since 1950. The Council on Education reaffirms that in conducting evaluation surveys its prime purpose is to assist, stimulate and recommend methods and procedures that enable sponsoring institutions to meet accreditation standards and to improve the effectiveness of their programs. To this end, the Council considers the encouragement of sound educational experimentation and innovation to be an integral part of its accrediting responsibility. It is not Council's intention to impose a system of regimentation which would lead to the standardization of teaching programs in Canadian dental schools.

This document delineates the minimum requirements for approval of a DDS/DMD program. These requirements must be met for a program to be approved by the Council on Education.

In addition, the Council may undertake studies related to improvement of the accreditation process. These studies will require the provision of additional information by institutions being surveyed. Council expects the institutions to co-operate in these studies. Although not forming part of the minimum requirements at the time, the results of such studies may form the basis for the introduction of new minimum requirements in that area.

I Definition of Terms

Must; Shall; Council expects; It is expected:

These words or phrases indicate a requirement that is essential or mandatory.

Should:

This word implies that a recommendation is highly desirable.

May or Could:

These words imply freedom or liberty to follow suggested alternatives.

## II Areas to be Assessed

The following areas will be assessed as they pertain to the stated objectives of the individual dental program:

1. Institutional Relationships
2. Administration and Support
3. Physical Facilities
4. Admission Standards
5. Curriculum
6. Preparation for Clinical Practice
7. Learning Resources
8. Clinic Administration
9. Student Affairs
10. Faculty and Faculty Development
11. Research and Scholarly Activity
12. Relationships with Dental Auxiliary Programs
13. Relationships with Hospitals and other Health Care Facilities
14. Relationships with Other Health Science Programs
15. Relationships with Health Departments and Community Service Programs
16. Relationships with Graduate /Postgraduate Programs
17. Relationships with Continuing Education Programs
18. Relationships with Dental Organizations and Licensing Bodies

### 1. Institutional Relationships

Council requires that the dental school must exist as a distinct Faculty, College or School, of a recognized University enjoying the same status and responsibility as any other comparable unit in the University. Dental students must have the same rights and privileges as other students of the University. It is expected that the standards of teaching and scholarship found to exist in the dental school will place it on a level with other professional schools in the parent institution.

### 2. Administration and Support

Of particular interest to Council is the adequacy of the available financial support and management relative to the program's objectives. Administration and support staff must also be adequate. The continuity of this support must be demonstrated to ensure ongoing quality instruction and effective management. The parent institution should view, in a practical manner, the unique costs involved in dental education. The cost of dental clinic operations should be recognized by the university to be educational and, as such, not necessarily totally supported by clinic revenue.

### 3. Physical Facilities

In surveying a school the Council will examine the type of building, the equipment of the classrooms, laboratories and clinics and the general condition in which these are found. These will be viewed in light of current concepts and philosophies of dental practice and education. These facilities must permit effective attainment of the program objectives.

The design and construction of radiography facilities must provide adequate protection from ionizing radiation for patient, operator and others in close proximity. The institution must ensure that it is in compliance with provincial and federal regulations relating to radiation protection as delineated in the Guidelines for the Control of Radiation in the Dental Office\* as developed by the Council on Health Care of the Canadian Dental Association. Where provincial or federal regulations are not in force it is the institution's responsibility to undertake inspection to operate within safe parameters. There should be adequate space for students to mount, view and evaluate radiographs.

### 4. Admission Standards

The Council recognizes that there may be varying patterns of pre-professional education but expects that the overall period for professional education should be not less than six years of post-secondary education, normally consisting of two years pre-professional and four years professional.

Admission must be based on specific selection criteria which must be defined and be readily available to advisors and applicants. Academic performance should not be the sole criterion. Admissions committees should consider non-academic criteria in the over-all assessment of applicants for admission.

The Council maintains a particular interest in admissions testing and encourages dental schools in the use and evaluation of tests and measurements of demonstrated usefulness. Council encourages the development of or participation in studies designed to evaluate other methods of improvement to the admissions process.

Those institutions which accept advanced standing or transfer students must have specific criteria which are defined for admission and which are readily available for applicants.

## 5. Curriculum

The Council will examine the curriculum with reference to the stated objectives of the program, what it seeks to accomplish for the student, the profession and the public and its success in realizing these objectives. It is the responsibility of the dental school to maintain under continuing review and amendment the curriculum of the program leading to a DDS/DMD degree. Council will expect not only a well balanced curriculum but also one which recognizes changing patterns in the prevalence of dental disease, as well as of dental practice, through appropriately placed changes in specific areas of the program leading to a DDS/DMD degree.

Council recommends the AADS Curricular Guidelines as a valuable resource which outlines in detail a curriculum which fully meets accreditation requirements. Although strict adherence to these guidelines is not required, Council expects that both educational programs and accreditation survey teams will utilize this resource to review the adequacy of a program's curriculum.

The following list, although not exhaustive, represents the main core subjects which the Council expects to find in an acceptable program, although not necessarily identified by a specific course title or name:

|                              |                                    |
|------------------------------|------------------------------------|
| Anatomy: Gross Anatomy       | Microbiology                       |
| Microscopic Anatomy          | Nutrition                          |
| Neuroanatomy                 | Occlusion                          |
| Anaesthesiology: General     | Occupational Health Hazards in     |
| Local                        | Dentistry                          |
| Behaviorial Sciences         | Oral Biology                       |
| Biochemistry                 | Orthodontics                       |
| Communication Skills         | Pathology: General                 |
| Community Dentistry          | Oral                               |
| Dental Anatomy               | Patient Care and Quality Assurance |
| Dental Auxiliary Utilization | Patient Health Assessment and      |
| Dental Biomaterials          | Evaluation                         |
| Dentistry for the Disabled   | Pediatric Dentistry                |
| Dentistry for the Medically  | Periodontology                     |
| Compromised                  | Pharmacology and Therapeutics      |
| Diagnosis                    | Physiology                         |
| Embryology and Genetics      | Practice Management                |
| Endodontics                  | Preventive Dentistry               |
| Epidemiology                 | Prosthodontics:                    |
| Ethics                       | Resorative-Fixed and Operative     |
| Forensic Dentistry           | Removable                          |
| Geriatric Dentistry          | Maxillofacial                      |
| History of Dentistry         | Public Health                      |
| Hospital Dentistry           | Radiology                          |
| Jurisprudence                | Surgery: General                   |
| Medicine: General            | Oral and Maxillofacial             |
| Oral                         |                                    |



Particular attention must be given to the interrelationship of subjects, especially to the application of the basic sciences to the clinical dental subjects, so that the program comprises a related body of knowledge rather than one of individual and separate subjects. While not minimizing the importance of the technical skills of dentistry, the concept must be established that the practice of dentistry rests firmly upon a thorough education in behavioral, biological and clinical sciences.

Council recognizes that extramural education experiences and internal rotations to specific disciplines are essential and are complementary to the existing core program in clinical dentistry within the institution. However, care must be exercised to ensure that the student's progress in the regular and ongoing clinical treatment of patients in the school setting is not compromised.

A curriculum outline including a statement of goals must be available. These goals must be reflected in defined academic and clinical course objectives, competency standards and evaluation procedures which must be provided to the students.

An effective and valid system of student evaluation must exist and be applied. Understandably these systems and techniques will vary from program to program. However, the Council must be satisfied that these systems accurately establish the basis for judgments which will govern the promotion or graduation of the dental student concerned.

Each dental school curriculum will be considered by the Council on an individual basis. In a progressive science the curriculum cannot remain static and it is considered advantageous to dental education as a whole that individual schools give leadership in different areas. The curriculum content and the time devoted to a subject area will be judged in terms of achievement of the stated aims of the program rather than conformity to a standardized pattern. Successful completion of the curriculum must produce a graduate capable of meeting the dental health needs of the public in general dental practice.

Instruction must be designed to develop independent thought. With the assistance of the faculty, students must assume responsibility for their own progress through the program. They should be encouraged through a spirit of enquiry to make valid contributions to the profession through intelligent research.

The dental student should have exposure to other health professions and services. Educational training and experience should be provided in the utilization of auxiliary personnel.

A DDS/DMD program must comprise a minimum of four (4) academic years.

## 6. Preparation for Clinical Practice

A graduate of the program must be capable of meeting the dental health needs of the public as a practitioner in general dentistry. The student must be provided with sufficient opportunity for development of proficiency in clinical dentistry. Patient assignments must provide adequate clinical experience. The opportunity to observe facets of specialty practice in dentistry should be provided. Clinical experience must be such as to prepare the student who as a graduate will render those services normally provided in the practice of general dentistry. Clinical objectives, competency standards and evaluation procedures must be defined. These procedures must include the evaluation of the treatment process as well as the product of such treatment. Faculty supervision must be adequate to ensure that acceptable patient care standards are maintained.

## 7. Learning Resources

A library will be viewed as a learning centre in the dental program. It must, whether established separately or within a combined library, be professionally administered and well housed. It should be convenient and accessible to both dental students and faculty during and after scheduled hours of instruction. Selected reference material should be readily available for students when in the clinic or the laboratory. The resource centre must be sensitive and responsive to the teaching and research activities of the program.

The Council encourages expanded development and use of audio-visual material and modern techniques of information retrieval. It further encourages the faculty and the learning resources staff to promote student, staff and faculty understanding of the materials available for their use. In addition these resources should be available to the alumni and the profession at large.

## 8. Clinic Administration

### Records

The clinical records of the teaching institution must be sufficiently comprehensive for teaching purposes.

It is recommended that long-term follow-up of patients be carried out and adequate records be kept so that evaluation of therapeutic procedures is possible.

Equipment and supplies for use in managing medical emergencies must be readily accessible and functional. Attention must be directed to the judicious use and monitoring of ionizing radiation, nitrous oxide, mercury, drugs and other substances and techniques that might be hazardous to students, patients, staff and faculty. Adequate measures must be in place to prevent the transmission of infection.



Policies and/or protocols must exist relating to:

- Clinical Care Audit
- Collection of Patient Fees
- Consultative Protocols
- Fire and Safety Procedures
- Long-term Patient Follow-up
- Medical Emergency Procedures
- Patient Assignment
- Patient Recall
- Patient Records
- Prevention of Disease Transmission
- Professional Decorum
- Technical Laboratory Support

Such policies and protocols must be provided to the students, staff and faculty.

While in certain circumstances students may be required to provide some supplies, equipment and patients, teaching clinics must provide sufficient support staff, supplies, equipment and patients for the adequate teaching of the various clinical programs. In addition, necessary funding for the maintenance and updating of the clinic and eventual replacement of major equipment items must also be ensured.

Effective working relationships between the Clinic Director or comparable appointee and other administrators are essential. The Clinic Director must have access to faculty policy and decision making groups and should have appropriate committee appointments.

#### 9. Student Affairs

Policies must exist concerning student representation on appropriate committees. Methods by which student concerns can be identified and addressed must be in place. The institution should encourage student membership and participation in appropriate student and professional organizations. Counselling and health services should be available to all students.

#### 10. Faculty and Faculty Development

Student-teacher ratios must be adequate to meet the stated objectives of the program. Similarly, the number of full-time faculty must be adequate to meet program requirements. The relationship between and among individual faculty members and between faculty primarily engaged in research and teaching and those primarily engaged in administration must be such as to ensure the quality of the program.

The general and professional education of the faculty, their preparation and experience for clinical practice, teaching and research and their productive scholarship must be adequate to meet the stated objectives of the program. The number of faculty, teaching loads and administrative responsibilities will be examined in this context. The mechanism for appointment, review and reappointment of faculty members, including those with administrative positions, will be studied. Remuneration and benefits, tenure and job security and methods for merit recognition will also be examined.

Terms of reference for faculty positions which clearly define responsibilities and privileges should be established and be made known to the faculty.

It is recognized that teaching in itself is a profession and professional education at the university level demands qualified persons who devote their careers to teaching and research. Appropriately qualified active practitioners who teach part-time bring to the program expertise and a viewpoint which is essential and an appropriate number of such individuals must participate in the teaching program.

A mechanism should be in place for ongoing peer review of all of a faculty member's responsibilities. In addition students should have an opportunity to participate in the evaluation of teaching effectiveness.

The faculty, both full-time and part-time, must be involved in continuing their professional development, including continuing education in their own or related disciplines, as well as in-service and other training opportunities to develop increased expertise in their teaching, research and administrative roles as faculty members.

## II. Research and Scholarly Activity

There must be an appropriate commitment to research activity by the university, the dental school and the faculty members. This responsibility should also involve students and should have the support of the parent university with respect to finances and facilities. An appropriate balance of faculty involvement between teaching and research must exist so that the quality of the DDS/DMD program is not compromised. Investigations leading to the improvement of the educational program should be included in such research activities

Council believes that there are many worthy research projects, particularly of a clinical or educational nature, which could be undertaken without major funding from external agencies.

### 12 Relationships with Dental Auxiliary Programs

Where a DDS/DMD and auxiliary programs exist within the same institution, efforts should be made to integrate the didactic and clinical aspects of the programs wherever possible and appropriate, in order to foster effective working relationships consistent with a dental health team approach.

Where auxiliary programs eligible for accreditation by the Canadian Dental Association exist in the geographical area of the dental school but outside the parent university, efforts should be made to encourage mutually supported and financed arrangements which are of benefit to the students of both programs.

### 13. Relationships with Hospitals and other Health Care Facilities

The dental school must have a functional relationship with at least one hospital with a Service approved by the Canadian Dental Association. This relationship should afford the student the opportunity to learn protocol, to observe working relationships with other health professionals and to provide direct patient care while participating in the management of the health and social problems of the hospital patient. Dental Schools should also develop functional relationships with other institutional health care facilities where available, e.g., nursing homes, convalescent hospitals, etc. The purpose of these relationships in any or all settings is to establish an environment in which to begin the process of preparing students to provide comprehensive dental care to patients in such health care facilities.

### 14. Relationships with other Health Science Programs

The student should be introduced to those aspects of practice which interface with other health professionals in order to foster improved relations among professionals. The student should be made aware of the concerns and dental information needs of other health care professionals.

### 15. Relationships with Health Departments and Community Service Programs.

Functional relationships should be developed with community health programs, service agencies, local and provincial health departments and at least one community service program with a dental component, e.g. a home care program, school health program, etc., in order that the student may be afforded the opportunity to observe treatment, or provide direct patient care while learning about the management of the health and social needs of the patients served.

#### 16 Relationships with Graduate/Postgraduate Programs

Council recognizes the potential value to the DDS/DMD program of complementary graduate and postgraduate programs. These programs should provide stimulation for faculty, exposure to research and desirable interactions and supportive opportunities for DDS/DMD students. The demands of these programs must not be allowed to jeopardize the quality of the DDS/DMD program.

#### 17. Relationships with Continuing Education Programs

Council recognizes the potential value to the DDS/DMD program of faculty/based continuing education programs. These programs should develop student awareness and appreciation of the necessity for continuing education as a professional responsibility.

Council also recognizes the benefit to the faculty members of providing or participating in continuing education programs. The demands of these programs must not be allowed to jeopardize the quality of the DDS/DMD program.

#### 18 Relationships with Dental Organizations and Licensing Bodies

The student should be made aware of the respective roles of dental organizations and licensing bodies. Faculty members should be encouraged to accept positions of responsibility in such organizations and their contribution supported and recognized by the institution.

The program should foster a co-operative working relationship with the appropriate licensing bodies and dental organizations.

REQUIREMENTS FOR APPROVAL OF A PROGRAM LEADING  
TO A DENTAL HYGIENE DIPLOMA/CERTIFICATE

The Council on Education of the Canadian Dental Association is dedicated to maintaining and improving the quality of dental hygiene education in Canada to the highest possible levels. This Council is recognized as the official accrediting agency for dental hygiene programs. In addition to the evaluation of educational programs, the Council encourages program innovation and provides assistance in initial and on-going program development.

This document delineates the minimum requirements for approval of the dental hygiene program. These requirements must be met for a program to be approved by the Council on Education. When a new program is being planned, it is recommended strongly that the new administrator and, where applicable, the Advisory Committee, consult with established dental hygiene programs, the Provincial Dental Hygiene Association, the Provincial Dental Licensing Body and the Provincial Dental Association.

In addition, the Council may undertake studies related to improvement of the accreditation process. These studies will require the provision of additional information by institutions being surveyed. Council expects the institutions to co-operate in these studies. Although not forming part of the minimum requirements at the time, the results of such studies may form the basis for the introduction of new minimum requirements in that area.

I. Definition of Terms

Must; Shall; Council expects; It is expected:

These words or phrases indicate a requirement that is essential or mandatory.

Should:

This word implies that a recommendation is highly desirable.

May or Could:

These words imply freedom or liberty to follow a suggested alternative.

## II Areas to be Assessed

The following areas will be assessed as they pertain to the stated objectives of the individual dental hygiene program:

1. Institutional Relationships
2. Administration and Support
3. Physical Facilities
4. Admission Standards
5. Curriculum
6. Preparation for Clinical Practice
7. Learning Resources
8. Clinic Administration
9. Student Affairs
10. Faculty and Faculty Development
11. Research and Scholarly Activity
12. Relationships with Other Dental Auxiliary Programs
13. Relationships with Hospitals and Other Health care Facilities
14. Relationships with DDS/DMD and other Health Science Programs
15. Relationships with Health Departments and Community Service Programs
16. Relationships with Baccalaureate, Graduate/Postgraduate Programs
17. Relationships with Continuing Education Programs
18. Relationships with Dental, Dental Hygiene and Dental Assisting Organizations and Licensing Bodies.

### I Institutional Relationships

The dental hygiene program must be established at a provincially recognized post-secondary institution which either has a faculty of dentistry, has access to the resources of a faculty of dentistry or offers programs in other allied health professions. When the dental hygiene program is not part of a faculty of dentistry, an Advisory Committee must be established and maintained. The majority of the membership of the Advisory Committee must consist of dental hygienists and dentists who are not members of the program's faculty and who can provide information and advice concerning dental hygiene practice, manpower needs and community health programs. Duties and functions of the Advisory Committee must be defined in accordance with institutional policies, supplemented as necessary in order to provide effective liaison and communication between the program and the professional community.



The program of dental hygiene should be identified as a recognized School, Faculty, Division or Department of the parent institution. It is expected that the position of the program in the administrative structure will be consistent with that of other comparable programs within the institution. There must be provision for direct communication between the program and the parent institution regarding decisions that directly affect the program. Members of the dental hygiene faculty must be given the same recognition and opportunities as other faculty members for initial appointment, promotion and tenure. In addition, there should be opportunities for representation and involvement in committee activities outside the program of dental hygiene.

Dental hygiene students must have the same rights and privileges as other students of the institution.

## 2. Administration and Support

Of particular interest to Council is the adequacy of the available financial support and management relative to the program's stated objectives. The continuity of this support must be demonstrated to ensure ongoing quality instruction and effective management. The parent institution should view, in a practical manner, the unique costs involved in dental hygiene education. The cost of dental hygiene clinic operations should be recognized by the institution to be educational and, as such, not necessarily totally supported by clinic revenue.

Adequate secretarial and clerical staff must be available to assist with student and patient records, preparation of teaching materials and other administrative responsibilities such as student admission. Adequate clinical maintenance and custodial staff must be available to assume responsibility for maintenance of all facilities.

The institution must make provision for the acquisition and/or replacement of clinical laboratory equipment, supplies, reference materials and teaching aids. Financial support should be available to provide opportunities for professional development of faculty. Allocations for faculty salaries should ensure that the program will be in a competitive position for recruiting and retaining qualified and experienced faculty. Financial support should be adequate to permit both short term and long range planning and implementation of innovative changes in the program.

The dental hygiene program must establish within its administrative organization, committees to assist with administrative and teaching responsibilities, especially in the areas of curriculum, admissions and promotions. Membership and terms of reference for committees must be established and published, recognizing that the parent institution has ultimate responsibility and authority. Committees should include representatives from the dental hygiene faculty, students and qualified individuals from the parent institution and the dental and dental hygiene professions.



### 3. Physical Facilities

Physical facilities and equipment must be adequate to permit achievement of both didactic and clinical objectives of the program and should be assessed annually in relation to current concepts of education and dental and dental hygiene practice. The adequacy of facilities will be evaluated in relation to the supporting institution facilities and the dental hygiene student enrolment.

The design and construction of radiography facilities must provide adequate protection from ionizing radiation for patient, operator and others in close proximity. The institution must ensure that it is in compliance with provincial and federal regulations relating to radiation protection as delineated in the Guidelines for the Control of Radiation in the Dental Office\* as developed by the Council on Health Care of the Canadian Dental Association. Where provincial or federal regulations are not in force it is the institution's responsibility to undertake inspection to operate within safe parameters. There should be adequate space for students to mount, view and evaluate radiographs.

Didactic, clinical and other program facilities should ideally be located in reasonable physical proximity. However, it may be necessary in some instances for the institution to use an off-campus facility. Specific requirements for administration, faculty, facilities, patients and instruction must be identified and policies and procedures for operation of any off-campus clinical facility must be consistent with the objectives of the dental hygiene program. A formal agreement between the educational institution and any agency or institution providing the off-campus facility must be negotiated and confirmed in writing and must include clearly defined provisions for renewing and terminating the agreement to ensure program continuity. The dental hygiene program administrator must retain authority and responsibility for instructional requirements and assignment of students. Clinical instruction should be provided by the dental hygiene program faculty.

Adequate space should be available for the dental hygiene faculty, secretarial and clinical support staff. The location and size of offices should be conducive to effective use of faculty and staff time and program resources for class preparation and student counselling.

Adequate facilities must be available for laboratory and preclinical activities. Such space must be adequately equipped, readily accessible and conducive to safe and efficient utilization by dental hygiene faculty and students. If necessary, a science-type laboratory may be utilized provided that the equipment available is adequate and/or modified to fulfill the program objectives. Space must be available for storage of office, clinic and laboratory supplies and equipment, instructional media, student, patient and program files and records.

### Appendix I

#### 4. Admission Standards

The process by which students are selected for admission must be based on published criteria which permit the selection of students with academic potential and the necessary social, physical and emotional characteristics. Criteria for admission should include consideration of: successful completion of a high school academic program, high school performance records, health status, aptitude for and interest in a career in dental hygiene. Procedures for admission should be defined by the dental hygiene faculty in co-operation with appropriate administrators and resource persons. Admissions policy, including minimum requirements, criteria and procedures for selection of candidates, mature students admission, and advanced standing must be defined clearly and readily available to applicants and others. Recruitment activities should occur as required to ensure an adequate number of qualified and informed applicants.

An admissions Committee must be elected or appointed for the purpose of selecting candidates for admission to the program. This committee should include representatives from the dental hygiene program as well as other individuals who are qualified to define and evaluate dental hygiene admissions procedures and criteria. In addition the expertise of other resource people should be utilized to assist in the correlation and interpretation of data to determine the predictive validity of admission requirements and selection criteria.

An institution should consider granting advanced standing to students who have completed successfully studies which are equivalent to specific areas of instruction in the dental hygiene curriculum. Equivalency or challenge examinations may be used to establish advanced standing.

#### 5. Curriculum

The curriculum of a dental hygiene program must provide the educational foundation required to perform dental hygiene functions as outlined by the program objectives. Program objectives should reflect current concepts and functions of dental hygiene practice. The Council will examine the curriculum with reference to the stated objectives of the program, what it seeks to accomplish for the student, the profession and the public and its success in realizing these objectives.

The dental hygiene faculty must have a significant role in the planning, development, evaluation and revision of the curriculum. It is the responsibility of the dental hygiene program to maintain under continuing review and amendment, the curriculum of the program leading to a diploma in Dental Hygiene. Council will expect not only a well balanced curriculum but also one which recognizes changing patterns in the prevalence of dental disease, as well as of dental practice, through appropriately placed changes in specific areas of the program leading to a diploma in Dental Hygiene.

Council recommends the AADS Curricular Guidelines as a valuable resource which outlines in detail a curriculum which fully meets accreditation requirements. Although strict adherence to these guidelines is not required, Council expects that both education programs and accreditation survey teams will utilize this resource to review the adequacy of the program's curriculum.

A curriculum outline, including a statement of general goals must be available.

The following list, although not exhaustive, represents the main core subjects which Council expects to find in an acceptable program, although not necessarily identified by a specific course title or name.

|                      |                                                                                                 |                                                                                                                                                                                                                                                                                                                                                                                                          |
|----------------------|-------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| General Studies:     | Communication Skills<br>Language<br>Psychology<br>Sociology                                     | Dental Sciences:<br>Dental Anatomy<br>Dental Biomaterials<br>Embryology<br>Head, Neck and Oral<br>Anatomy<br>Microscopic Oral Anatomy<br>Oral Pathology<br>Oral Physiology<br>Oral Therapeutics<br>Periodontology<br>Dental Hygiene Preparation<br>and Practice:<br>Anxiety and Pain Control<br>Clinical Dental Hygiene,<br>including:<br>Pedodontics<br>Geriatrics<br>Medically Compromised<br>Disabled |
| Basic Sciences:      | Biology<br>Chemistry                                                                            | Dental Health Team<br>Relationships<br>Dental Public Health<br>Dental Specialties<br>Ethics and Jurisprudence<br>Occupational Health<br>Hazards<br>Oral Health Education<br>Preventive Dentistry<br>Radiography                                                                                                                                                                                          |
| Biomedical Sciences: | Anatomy<br>Biochemistry<br>Microbiology<br>Nutrition<br>Pathology<br>Pharmacology<br>Physiology |                                                                                                                                                                                                                                                                                                                                                                                                          |

## 6. Preparation for Clinical Practice

The student must be provided with sufficient opportunity for development of proficiency in clinical dental hygiene. Patient assignments must provide adequate clinical experience and must assure a sufficient number of periodontally involved patients. Opportunities to observe other facets of the clinical practice of dentistry should be provided and should involve experience with all age groups.

Clinical procedures, though not exhaustive, should include: patient evaluation, medical, dental and personal histories, examination of the head and neck, examination of the teeth and oral cavity, acquisition of diagnostic material, instruction in oral physiotherapy, diet counselling, removal of soft deposits, scaling and root planning, amalgam polishing, application of fluoride and pit and fissure sealants and any other procedures authorized by the licensing body.

If the program includes instruction in expanded functions the didactic and clinical teaching program in these areas will be subject to general review and evaluation. (Accreditation guidelines for the evaluation of specific expanded duty modules are under development.)

Clinical objectives, competency standards and evaluation procedures must be defined and must include the evaluation of the treatment process as well as the product of such treatment. Faculty supervision must be adequate to ensure that acceptable patient care standards are maintained. A qualified dentist must be available to examine all patients, to prescribe radiographic procedures, to make a diagnosis and to establish a treatment plan.

## 7. Learning Resources

A library will be viewed as a learning centre in the dental hygiene program. It must, whether established separately or within a combined library, be professionally administered and well-housed. It should be convenient and accessible to both dental hygiene students and faculty during and after scheduled hours of instruction. Selected reference material should be readily available for students when in the clinic or the laboratory. The resource centre must be sensitive and responsive to the teaching and research activities of the program. The Council encourages expanded development and use of audiovisual material and modern techniques of information retrieval. It further encourages the faculty and the learning resources staff to promote student, staff and faculty understanding of the materials available for their use. In addition, these resources should be available to the alumni and the profession at large.

## 8. Clinic Administration

### Records

Clinical records of the teaching institution must be sufficiently comprehensive for teaching purposes.

It is recommended that long-term follow-up of patients be carried out and adequate records be kept so that evaluation of therapeutic procedures is possible.

Equipment and supplies for use in managing medical emergencies must be readily accessible and functional. Attention must be directed to the judicious use and monitoring of ionizing radiation, nitrous oxide, mercury, drugs and other substances and techniques that might be hazardous to students, patients, staff and faculty. Adequate measures must be in place to prevent the transmission of infection.

Policies and or protocols must exist relating to:

- Clinical Care Audit
- Collection of Patient Fees
- Consultative protocols
- Fire and Safety Procedures
- Long-term Patient Follow-up
- Medical Emergency Procedures
- Patient Assignment
- Patient Recall
- Patient Records
- Prevention of Disease Transmission
- Professional Decorum
- Sterilization
- Technical Laboratory Support

Such policies and protocols must be provided to the students, staff and faculty.

While in certain circumstances students may be required to provide some supplies, equipment and patients, teaching clinics must provide sufficient support staff, supplies, equipment and patients for the adequate teaching of the various clinical programs. In addition, necessary funding for the maintenance and updating of the clinic and eventual replacement of major equipment items must also be ensured.

Effective working relationships between the Clinic Director or comparable appointee and other administrators are essential. The Clinic Director must have access to faculty policy and decision making groups and should have appropriate committee appointments.

#### 9. Student Affairs

Policies must exist concerning student representation on appropriate committees. Methods by which students' concerns can be identified and addressed must be in place. The institution should encourage student membership and participation in appropriate student and professional organizations. Counselling and health services should be available to all students.

#### 10. Faculty and Faculty Development

Student-teacher ratios must be adequate to meet the stated objectives of the program. Similarly, the number of full-time faculty must be adequate to meet program requirements. The relationship between and among individual faculty members and between faculty primarily engaged in research and teaching and those primarily engaging in administration must be such as to ensure the quality of the program.



The general and professional education of the faculty, their preparation and experience for clinical practice, teaching and research and their productive scholarship must be adequate to meet the stated objectives of the program. The number of faculty, teaching loads and administrative responsibilities will be examined in this context. The mechanism for appointment, review and reappointment of faculty members, including those with administrative position, will be studied. Remuneration and benefits, tenure and job security and methods for merit recognition will also be examined

Terms of reference for faculty positions which clearly define responsibilities and privileges should be established and be made known to the faculty.

It is recognized that teaching in itself is a profession and professional education at the college level demands qualified persons who devote their careers to teaching and research. Appropriately qualified active practitioners who teach part-time bring to the program a service and viewpoint which is essential and an appropriate number of such individuals must participate in the teaching program

A mechanism should be in place for ongoing peer review of all of a faculty member's responsibilities. In addition students should have an opportunity to participate in the evaluation of teaching effectiveness.

The faculty, both full-time and part-time, must be involved in continuing their professional development, including continuing education in their own or related disciplines, as well as in other training opportunities and in-service programs to develop increased expertise in their teaching research and administrative roles as faculty members.

A sufficient number of appropriately qualified dentists in general and specialty practice must be available to provide instruction in the dental sciences.

The program in dental hygiene will normally have an administrator who has a full-time appointment and the responsibility and authority equal to that accorded other administrators conducting comparable programs at the parent institution. If a part-time administrator is in charge the Council must be assured that overall arrangements for administrative supervision are adequate to achieve program objectives. The program level administrator must be a dental hygienist or dentist with the experience and educational background to implement the objectives of a dental hygiene program.

The administrator's responsibilities should include: budget preparation, fiscal administration, curriculum development co-ordination and review, selection and recommendation of individuals for faculty appointment and promotion, staff in-service and faculty development, participation in determining admission and promotion criteria and procedures, planning and operation of clinical facilities, selection of extra mural facilities and co-ordination of instruction.

The administrator's teaching responsibilities should be less than those of full-time faculty not having administrative responsibilities.

When a program is being planned, the appointment of the administrator should be made in advance of the program starting date to allow time for developing curriculum, recruiting faculty, preparing facilities, ordering equipment, making clinical program arrangements and establishing admission procedures.

The numbers of faculty must be sufficient to ensure adequate faculty/student ratios with reasonable student contact hours. Time must be available for class preparation, student evaluation and counselling and development of subject content and appropriate evaluation criteria and methods. Time must be provided to permit professional development which may include private practice and/or scholarly activity.

Terms of reference for faculty positions which clearly define responsibilities and privileges should be established and be made known to the faculty.

#### 11. Research and Scholarly Activity

Opportunities should be provided for faculty and student involvement in research and scholarly activity on and off campus, provided that such experience is generally consistent with and supports the achievement of the objectives of the dental hygiene program. Investigations leading to the improvement of the educational program should be included in such research activities.

Council believes that there are many worthy research projects particularly of a clinical or educational nature, which could be undertaken without major funding from external agencies.

#### 12. Relationships with other Dental Auxiliary Programs

Where other dental auxiliary programs exist within the same institution, efforts should be made to integrate the didactic and clinical aspects of the programs wherever possible and appropriate, in order to foster effective working relationships consistent with a dental health team approach.

Where other dental or dental auxiliary programs eligible for accreditation by the Canadian Dental Association exist in the geographical area of the dental hygiene program but outside the parent institution, efforts should be made to encourage mutually supported and financed arrangements which are of benefit to students of both programs.

#### 13. Relationships with Hospitals and Other Health Care Facilities

Dental hygiene programs should consider developing functional relationships with hospitals, nursing homes and other health care facilities in order to provide opportunities for program enrichment.



#### 14. Relationships with DDS/DMD and Other Health Science Programs

Where a DDS/DMD and auxiliary programs exist within the same institution, efforts should be made to integrate the didactic and clinical aspects of the programs wherever possible and appropriate in order to foster effective working relationships consistent with a dental health team approach.

The student should be introduced to those aspects of practice which interface with other health professionals in order to foster improved relations among professionals. The student should be made aware of the concerns and dental information needs of other health care professionals.

#### 15. Relationships with Health Departments and Community Service Programs.

Co-operation with health departments and community service programs should be sought to provide the student with an orientation to delivery of health care in the community, especially for groups with special needs such as geriatric, disabled and medically compromised patients.

Community service programs with a dental component, e.g. home care, school health programs, etc. should be used to provide program enrichment as well as opportunities for community involvement of dental hygiene students.

#### 16. Relationships with Baccalaureate and Grad./Postgraduate Programs

Council recognizes the potential value to the dental hygiene program of the transferability of credits toward a Bachelors degree in Arts and Science. Dental hygiene programs are encouraged to arrange for credits to be transferable where appropriate.

Council recognizes the potential value to the dental hygiene program of complementary graduate and postgraduate programs. These programs should provide stimulation for faculty and desirable interactions and supportive opportunities for dental hygiene students. The demands of these programs must not jeopardize the quality of the dental hygiene program

#### 17. Relationships with Continuing Education Programs

Council recognizes the potential value to the dental hygiene program of institutionally-based continuing education programs. These programs should develop student awareness and appreciation of the necessity for continuing education as a professional responsibility.

Council also recognizes the benefit to the faculty members of providing or participating in continuing education programs. The demands of these programs must not jeopardize the quality of the dental hygiene program.

18. Relationships with Dental, Dental Hygiene and Dental Assisting Organizations and Licensing Bodies.

The student should be made aware of the respective roles of dental, dental hygiene and dental assisting organizations and licensing bodies

Faculty members should be encouraged to accept positions of responsibility in such organizations and their contribution supported and recognized by the institution.

REQUIREMENTS FOR APPROVAL OF A PROGRAM LEADING TO  
A DENTAL ASSISTING DIPLOMA/CERTIFICATE

The Council on Education of the Canadian Dental Association is dedicated to maintaining and improving the quality of dental assisting education in Canada to the highest possible standards. This Council is recognized as the official accrediting agency for dental assisting programs. In addition to the evaluation of educational programs the Council encourages program innovation and provides assistance in initial and on-going program development.

This document delineates the minimum requirements for approval of the assisting hygiene program. These requirements must be met for a program to be approved by the Council on Education. When a new program is being planned it is strongly recommended that the new program administration consult with the Advisory Committee, where applicable to established dental assisting programs, the Provincial Dental Assistants' Association the Provincial Licensing Body and the Provincial Dental Association.

In addition the Council may undertake studies related to improvement of the accreditation process. These studies may require the provision of additional information by the institution being surveyed. Council expects the institution to co-operate in these studies. Although not forming part of the minimum requirements at the time the results of such studies may form the basis for the introduction of new minimum requirements in that area.

I. Definition of Terms

Must; Shall; Council expects; It is expected:

These words or phrases indicate a requirement that is essential or mandatory

Should:

This word implies that a recommendation is highly desirable

May or Could:

These words imply freedom or liberty to follow a suggested alternative.

## II. Areas to be Assessed

The following areas will be assessed as they pertain to stated objectives of the individual dental assisting programs:

1. Institutional Relationships
2. Administration and Support
3. Physical Facilities
4. Admission Standards
5. Curriculum
6. Preparation for Dental Assisting Clinical Practice
7. Learning Resources
8. Clinic Administration
9. Student Affairs
10. Faculty and Faculty Development
11. Research and Scholarly Activity
12. Relationships with Other Dental Auxillary Programs
13. Relationships with Hospitals and Other Health Care Facilities
14. Relationships with DDS/DMD and Other Health Science Programs
15. Relationships with Health Departments and Community Service Programs
16. Relationships with Continuing Education Programs
17. Relationships with Dental Assisting, Dental Hygiene, Dental Organizations and Licensing Bodies.

### I. Institutional Relationships

The Dental Assisting Program must be established at a provincially recognized post-secondary institution which has access to the resources of a faculty of dentistry or offers programs in other allied health professions. An Advisory Committee must be established and maintained. The majority of the membership of the Advisory Committee must consist of Dental Assistants and Dentists who are not members of the program's faculty and who can provide information and advice concerning dental assisting practice, manpower needs and community health programs. Duties and functions of the Advisory Committee must be defined in accordance with institutional policies supplemented as necessary in order to provide effective liaison and communication between the program and the professional community.

The program of dental assisting should be identified as a recognized school, faculty, division or department of the parent institution. It is expected that the position of the program in the administrative structure will be consistent with that of comparable programs in the institution. There must be provision for direct communication between the program and the parent institution regarding decisions that directly affect the program. Members of the dental assisting faculty must be given the same recognition and opportunities as other faculty members for initial appointment, promotion and job security. In addition, there should be opportunities for representation and involvement in committee activities outside the program of dental assisting.

Dental assisting students must have the same rights and privileges as other students of the institution.

## 2. Administration and Support

Of particular interest to Council is the adequacy of the available financial support and management relative to the program's stated objectives. Administration and support staff must also be adequate. The continuity of this support must be demonstrated to ensure ongoing quality instruction and effective management. The parent institution should view, in a practical manner, the unique costs involved in dental assisting education. The cost of dental assisting clinic operations should be recognized by the institution to be educational and, as such, not supported by clinic revenue.

Adequate secretarial and clerical staff must be available to assist with the student and patient records, preparation of teaching materials and other administrative responsibilities such as student admissions. Adequate clinical, maintenance and custodial staff must be available to assume responsibility for maintenance of all facilities.

The institution must make provision for the acquisition and/or replacement of clinical and laboratory equipment, supplies, reference materials and teaching aids. Financial support should be available to provide opportunities for professional development of faculty. Allocations of faculty salaries should ensure that the program will be in a competitive position for recruiting and retaining qualified and experienced faculty. Financial support should be adequate to permit both short term and long range planning and implementation of innovative changes in the program.

The dental assisting program must establish within its administrative organization, committees to assist with administrative and teaching responsibilities. Membership and terms of reference for committees must be established and published, recognizing that the parent institution has ultimate responsibility and authority. Committees should include representatives from the dental assisting faculty, students and qualified individuals from the parent institution and the dental and dental assisting professions.

## 3. Physical Facilities

Physical facilities and equipment must be adequate to permit achievement of both didactic and clinical objectives of the program. The facilities should be assessed annually in relation to current concepts of education and dental and dental assisting practice. The adequacy of facilities will be evaluated in relation to the supporting institution facilities and the dental hygiene student enrollment.

### 3. Physical Facilities (cont'd.)

The design and construction of radiography facilities must provide adequate protection from ionizing radiation for patient, operator and others in close proximity. Radiographic equipment must be inspected on a regular basis. The institution must ensure that it is in compliance with provincial and federal regulations relating to radiation protection as delineated in the Guidelines for the Control of Radiation in the Dental Office\* as developed by the Council on Health Care of the Canadian Dental Association. Darkroom facilities must permit the student to learn processing procedures. There should be adequate space for students to mount, view and evaluate radiographs.

Didactic, clinical and other program facilities should ideally be located in reasonable physical proximity. However, it may be necessary in some instances for the institution to use an off-campus facility. Specific requirements for administration, faculty, facilities, patients and instruction must be identified and policies and procedures for operation of any off-campus clinical facility must be consistent with the objectives of the dental assisting program. A formal agreement between the educational institution and any agency or institution providing the off-campus facility must be negotiated and confirmed in writing and must include clearly defined provisions for renewing and terminating the agreement to ensure program continuity. The dental assisting program administrator must retain authority and responsibility for instructional requirements and assignment of students. Clinical instruction should be provided by the dental assisting program faculty.

Adequate space should be available for the dental assisting faculty, secretarial and clinical support staff. The location and size of offices should be conducive to effective use of faculty and staff time and program resources for class preparation and student counselling.

Adequate facilities must be available for laboratory and preclinical activities. Such space must be adequately equipped, readily accessible and conducive to safe and efficient utilization by dental assisting faculty and students. If necessary, a science-type laboratory may be utilized provided that the equipment available is adequate and/or modified to fulfill the program objectives. Space must be available for storage of office, clinic and laboratory supplies and equipment, instructional media, student, patient and program files and records.



#### 4. Admission Standards

The process by which students are selected for admission must be based on published criteria which permit the selection of students with academic potential and the necessary social, physical and emotional characteristics. Criteria for admission should include consideration of: successful completion of a high school program or equivalency, high school performance records, health status, aptitude for and interest in a career in dental assisting. Procedures for admissions should be defined by the dental assisting faculty in co-operation with appropriate administrators and resource persons. Admissions policy, including minimum requirements, criteria and procedures for selection of candidates, mature student admissions, and advanced standing must be clearly defined and readily available to applicants and others. Recruitment activities should occur as required to ensure an adequate number of qualified and informed applicants. Enrollment should be in proportion to faculty, facilities and financial resources.

An Admissions Committee may be elected or appointed for the purpose of selecting candidates for admission to the program. This committee should include representatives from the dental assisting program as well as other individuals who are qualified to define and evaluate dental assisting admissions procedures and criteria. In addition, the expertise of other resource people should be utilized to assist in the correlation and interpretation of data to determine the predictive validity of admission requirements and selection criteria.

An institution should consider granting advanced standing to students who have completed successfully studies which are equivalent to specific areas of instruction in the dental assisting curriculum. Equivalency or challenge examinations may be used to establish advanced standing.

#### 5. Curriculum

The curriculum of a dental assisting program must provide the educational foundation required to perform dental assisting functions as outlined by the program objectives. Program objectives should reflect current concepts and functions of dental assisting practice. The Council will examine the curriculum with reference to the stated objectives of the program, what it seeks to accomplish for the student, the profession and the public and its success in realizing these objectives.

The dental assisting faculty must have a significant role in the planning, development, evaluation and revision of the curriculum. It is the responsibility of the dental assisting program to maintain under continuing review and amendment, the curriculum of the program leading to a diploma in Dental Assisting. Council will expect not only a well balanced curriculum but also one which recognizes changing patterns in the prevalence of dental disease, as well as of dental practice, through appropriately placed changes in specific areas of the program leading to a diploma in Dental Assisting.



5. Curriculum - cont'd.

Council recommends the AADA Curricular Guidelines as a valuable resource which outlines in detail a curriculum which fully meets accreditation requirements. Although strict adherence to these guidelines is not required, Council expects that both education programs and accreditation survey teams will utilize this resource to review the adequacy of the program's curriculum.

A curriculum outline, including a statement of general goals must be available.

The following list, although not exhaustive, represents the main core subjects which the Council expects to find in an acceptable program. These subjects may not necessarily be identified by a specific course title or name:

|                       |                                                                                                                                                                                                                                                                                  |
|-----------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Bio-medical Sciences: | Anatomy: Gross Anatomy<br>Dental Anatomy<br>Microscopic Anatomy                                                                                                                                                                                                                  |
|                       | Pharmacology<br>Physiology<br>Diet & Nutrition<br>Microbiology, (Prevention of disease<br>transmission)<br>Pathology: General<br>Oral                                                                                                                                            |
| Dental Subjects:      | Orientation to Dentistry - dental health<br>team relationship - History of Dentistry<br>listed                                                                                                                                                                                   |
|                       | Ethics and Jurisprudence<br>Terminology and Nomenclature<br>Equipment and Supplies<br>Dental Biomaterials and related chemistry,<br>physics and mathematics<br>Dental Specialties<br>Dental Public Health<br>Radiography<br>Oral Health Education<br>Occupational Health Hazards |
| Allied Subjects:      | First aid and office emergencies<br>CPR<br>Psychology                                                                                                                                                                                                                            |

## 5. Curriculum (cont'd.)

### Business Skills:

Office Management Techniques and  
Procedures  
Accounting and banking  
Communication skills  
Typing

### Dental Assisting Preparation and Practice:

(a) Chairside Assisting in periodontics,  
oral surgery, endodontics, pedo-  
dontics, orthodontics, prosthodontics,  
restorative dentistry, medically  
compromised & disabled geriatric  
patient, recording of examination data  
and charting

(b) Office and laboratory procedures

(c) Preclinical chairside instruction and  
supervised clinical office experience.

## 6. Preparation for Clinical Dental Assisting Practice

The student must be provided with sufficient opportunity for development of proficiency in clinical dental assisting. Where applicable patient assignments must provide adequate clinical experience. Opportunities to observe the facets of the clinical practice of dentistry should be provided and should involve experience with all age groups.

Clinical procedures, though not exhaustive, should include: chairside assisting in periodontics, oral surgery, endodontics, pedodontics, orthodontics, prosthodontics, restorative dentistry, recording examination data and charting, office and laboratory procedures, pre-clinical chairside instruction and supervised clinical office experience and any other intra-oral procedures authorized by the licensing body.

If the program includes instruction in intra-oral functions didactic and clinical teaching program in these areas will be subject to review and evaluation. (Accreditation guidelines for the evaluation of specific intra-oral duties are being developed.)

Clinical objectives, competency standards and evaluation procedures must be defined and must include evaluation of the process as well as the product. Faculty supervision must be adequate to ensure that acceptable patient care standards are maintained. A qualified dentist must be available to examine all patients, to prescribe radiographic procedures, and to make a diagnosis.

## 7. Learning Resources

A library will be viewed as a learning centre in the dental program. It must, whether established separately or within a combined library, be professionally administered and well-housed. It should be convenient and accessible to both dental assisting students and faculty during and after scheduled hours of instruction. Selected reference material should be available readily for students when in the clinic or the lab. The resource centre must be sensitive and responsive to the teaching and research activities of the program. The Council encourages expanded development and use of audio-visual material and modern techniques of information retrieval. It further encourages the faculty and the learning resources staff to promote student, staff and faculty understanding of the materials available for their use. In addition these resources may be available to the alumni and the profession at large.

## 8. Clinic Administration

### Records

The clinical records of the teaching institution must be sufficiently comprehensive for teaching purposes (where applicable D.A.).

It is recommended that long-term follow-up of patients be carried out and adequate records be kept so that evaluation of therapeutic procedures is possible.

Equipment and supplies for use in managing medical emergencies must be readily accessible and functional. Attention must be directed to the judicious use and monitoring of ionizing radiation, mercury, drugs and other substances and techniques that might be hazardous to students, patients, staff and faculty. Adequate measures must be in place to prevent the transmission of infection.

Policies and/or protocols must exist relating to:

- Clinical Care Audit
- Collection of Patient Fees
- Fire and Safety Procedures
- Long-term Patient Follow-up
- Medical Emergency Procedures
- Patient Assignment Where Applicable
- Patient Recall Where Applicable
- Patient Records Where Applicable
- Prevention of Disease Transmission
- Professional Decorum
- Technical Laboratory Support

Such policies and protocols must be provided to the students, staff and faculty.

#### 8. Clinic Administration - cont'd.

While in certain circumstances students may be required to provide some supplies, equipment and patients, teaching clinics must provide sufficient support staff, supplies, equipment and patients for the adequate teaching of the various clinical programs. In addition, necessary funding for the maintenance and updating of the clinic and eventual replacement of major equipment items must also be ensured.

Effective working relationships between the Clinic Director or comparable appointee and other administrators are essential. The Clinic Director must have access to faculty policy and decision making groups and should have appropriate committee appointments.

#### 9. Student Affairs

Policies must exist concerning student representation on appropriate committees. Methods by which student concerns can be identified and addressed must be in place. The institution should encourage student membership and participation in appropriate student and professional organizations. Counselling and health services should be available to all students.

#### 10. Faculty and Faculty Development

Student-teacher ratios must be adequate to meet the stated objectives of the program. Similarly, the number of full-time faculty must be adequate to meet program requirements. The relationships between and among individual faculty members and between the faculty and the administration must be such as to ensure the quality of the program.

The general and professional education of the faculty, their preparation and experience for dental practice, teaching and their productive scholarship must be adequate to meet the stated objectives of the program. The number of faculty, teaching loads and administrative responsibilities will be examined in this context. The mechanism for appointment, review and reappointment of faculty members, including those with administrative positions, will be studied. Remuneration and benefits, job security and methods for merit recognition will also be examined.

Terms of reference for faculty positions which clearly define responsibilities and privileges should be established and be made known to faculty.

It is recognized that teaching in itself is a profession and professional education at the college level demands qualified persons who ??devote?? their careers to teaching?? Appropriately qualified active practitioners who teach part-time bring to the program a service and viewpoint which is essential and an appropriate number of such individuals may participate in the teaching program.

10. Faculty and Faculty Development - cont'd.

A mechanism should be in place for ongoing peer review of all of a faculty member's responsibilities. In addition students should have an opportunity to participate in the evaluation of teaching effectiveness.

The faculty, both full-time and part-time, must be involved in continuing their professional development, including continuing education in their own or related disciplines, as well as in-service programs and other training opportunities to develop increased expertise in their teaching, scholarly activity and administrative roles as faculty members.

A sufficient number of appropriately qualified dentists in general and specialty practice must be available to provide instruction in the dental sciences.

The program of dental assisting will normally have an administrator who has a full-time appointment and the responsibility and authority equal to that accorded other administrators conducting comparable programs at the parent institution. The program level administrator of the dental assisting program must be a dental assistant, dental hygienist or dentist with the experience and educational background to implement the objectives of a dental assisting program. If a part-time administrator is in charge the Council must be assured that overall arrangements for administrative supervision are adequate to achieve program objectives.

The administrator's responsibilities should include: budget preparation, fiscal administration, curriculum development coordination and review, selection and recommendation of individuals for faculty appointment and promotion, staff in-service and faculty development, participation in determining admission and promotion criteria and procedures, planning and operation of clinical facilities, selection of extra mural facilities and coordination of instruction.

The administrator's teaching responsibilities should be less than those of full-time faculty not having administrative responsibilities.

When a program is being planned the appointment of the administrator should be made in advance of the program starting date to allow time for developing curriculum, recruiting faculty, preparing facilities, ordering equipment, making clinical program arrangements and establishing admission procedures.

The numbers of faculty must be sufficient to ensure adequate faculty/staff ratios with reasonable student contact hours. Time must be available for class preparation, student evaluation and counselling and development of subject content and appropriate evaluation criteria and methods. Time must be provided to permit professional development which may include private practice and/or scholarly activity.



10. Faculty and Faculty Development - cont'd.

Terms of reference for faculty positions which clearly define responsibilities and privileges should be established and be made known to the faculty.

11. Research and Scholarly Activities

Opportunities should be provided for faculty and student involvement in research and scholarly activity on and off campus, provided that such experience is generally consistent with and supports the achievement of the objectives of the dental assisting program. Investigations leading to the improvement of the educational program should be included in such research activities.

Council believes that there are many worthy research projects, particularly of a clinical or educational nature, which could be undertaken without major funding from external agencies.

12. Relationships with Other Dental Auxiliary Programs

Where other dental auxiliary programs exist within the same institution, efforts should be made to integrate the didactic and clinical aspects of the programs wherever possible and appropriate, in order to foster effective working relationships consistent with a dental health team approach.

Where other dental or dental auxiliary programs eligible for accreditation by the Canadian Dental Association exist in the geographical area of the dental assisting program but outside the parent institution, efforts should be made to encourage mutually supported and financed arrangements which are of benefit to students of both programs.

13. Relationships with Hospitals and Other Health Care Facilities

Dental assisting programs should consider developing functional relationships with hospitals, nursing homes and other health care facilities in order to provide opportunities for program enrichment.

14. Relationships with DDS/DMD and Other Health Science Programs

Where a DDS/DMD and auxiliary programs exist within the same institution or geographical area, efforts should be made to integrate the didactic and clinical aspects of the programs wherever possible and appropriate, in order to foster effective working relationships consistent with a dental health team approach.

14. Relationships with DDS/DMD and Other Health Sciences Programs - (Cont'd.)

The student should be introduced to those aspects of practice which interface with other health professionals in order to foster improved relations between professionals by introducing the student to the concerns and dental information needs of other health care professionals.

15. Relationships with Health Departments and Community Service Programs

Co-operation with health departments and community service programs should be sought to provide the student with an orientation to delivery of health care in the community, especially for groups with special needs such as geriatric, disabled and medically compromised patients.

Community service programs with a dental component, e.g. home care, school health programs, etc. should be used to provide program enrichment as well as opportunities for community involvement of dental hygiene students.

16. Relationships with Continuing Education Programs

Council recognizes the potential value of the dental assisting program of institutionally based continuing education programs. These programs should develop student awareness and appreciation of the necessity for continuing education as a professional responsibility.

Council also recognizes the benefit to the faculty members of providing or participating in continuing education programs. The demands of these programs must not be allowed to jeopardize the quality of the dental assisting program.

17. Relationships with Dental, Dental Hygiene and Dental Assisting Organizations and Licensing Bodies

The students should be made aware of the respective roles of dental, dental hygiene and dental assisting organizations and licensing bodies. Faculty members should be encouraged to accept positions of responsibility in such organizations and their contribution supported and recognized by the institution.



COUNCIL ON EDUCATION

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## STATEMENT RE UNPROVEN TREATMENT METHODS

Treatment methods utilized by dentists in the management of patients which have not been verified by sound scientific evidence should only be used with the patient's informed consent, in writing. This consent would recognize the probabilities of success and the potential complications of such treatment. Such methods of treatment should only be used after other accepted treatment modalities have been assessed and found to be unsuitable.

July/84

- (4) Two persons from nominations of the Registrars, by the Conference on National Licensing Bodies.
- (5) One person from nominations by National Dental Examining Board of Canada.
- (6) One person from nominations by Association of Canadian Faculties of Dentistry.
- (7) One person from nominations by Royal College of Dentists of Canada.
- (8) A lay person appointed by the Board of Governors.

The election to Council is for a three-year term, staggered, once renewable except for the student member, who shall be elected for one year renewable. No person shall hold more than one position on the Council nor may he represent more than one organization or group.

The Association of Canadian Faculties of Dentistry, the National Dental Examining Board of Canada, the Royal College of Dentists of Canada, the Council on Student Affairs and the Canadian Forces Dental Services have the privilege, without Canadian Dental Association financial responsibility, of non-voting participation in the Council on Education of one representative each.

The Council on Education shall have the power to appoint committees and subcommittees as it shall deem expedient.

The Council on Education may recommend to the Executive Council the appointment of consultants or advisors and recommend for employment such other personnel as is needed from within or without the membership of the Association for any purpose within its jurisdiction, providing that if such appointments involve expenditures of funds other than those already allotted to the council they must be approved by the Board of Governors.

It shall be the duty of the Council of Education:

- ( i) to give study to all matters relating to dental education.
- ( ii) to develop guidelines and make recommendations of the same to the Board of Governors in respect of matters relating to Dental Education.
- ( iii) to evaluate the various forms of dental education and to recommend revisions to the Board of Governors when necessary.
- ( iv) to accredit undergraduate, postgraduate and graduate programs in dentistry, programs in dental hygiene, and dental assisting courses, and periodically review such accreditation in accordance with requirements and standards approved by the Board of Governors and such other areas of dental education as may from time to time be approved by the Board of Governors.

REPORTDENTAL ADMISSION TEST COMMITTEECOUNCIL ON EDUCATIONCANADIAN DENTAL ASSOCIATION1983-84MEMBERS

Dr. M. Boyd, Chairman, 1985 (3) \*  
 Dr. I.C. Bennett, 1985 (2)  
 Dr. J. Krupanszky, 1984 (1) \*\*  
 Dr. A. Vaillancourt, 1986 (1)  
 Dr. G.W. Thompson, Consultant, DAT Program  
 Dr. J. Graham, Consultant (American Dental Association), DAT Program  
 Mrs. Linda Graham, Consultant (American Dental Association), Interview  
 Validation Study  
 Dr. B. Holmes, Executive Council Liaison

\* Dates indicate termination of appointment, brackets, number of terms.

\*\* Dr. Krupanszky is completing the unexpired term of Dr. David Banting.

The Committee has met twice since the last meeting of Council - on December 16-17, 1983 and January 25, 1984.

1. REPORT ON THE 1983-84 TEST SESSION

| <u>(a) Numbers Tested</u> |              | <u>(b) Reports sent to Dental Schools</u> |              |
|---------------------------|--------------|-------------------------------------------|--------------|
| 1966-67 -                 | 818          | 1966-67 -                                 | 2,775        |
| 1967-68 -                 | 880          | 1967-68 -                                 | 2,908        |
| 1968-69 -                 | 1,099        | 1968-69 -                                 | 3,339        |
| 1969-70 -                 | 1,093        | 1969-70 -                                 | 3,181        |
| 1970-71 -                 | 1,242        | 1970-71 -                                 | 4,095        |
| 1971-72 -                 | 1,521        | 1971-72 -                                 | 5,004        |
| 1972-73 -                 | 1,912        | 1972-73 -                                 | 6,008        |
| 1973-74 -                 | 2,022        | 1973-74 -                                 | 5,427        |
| 1974-75 -                 | 2,346        | 1974-75 -                                 | 6,935        |
| 1975-76 -                 | 2,087        | 1975-76 -                                 | 5,289        |
| 1976-77 -                 | 1,732        | 1976-77 -                                 | 4,791        |
| 1977-78 -                 | 1,601        | 1977-78 -                                 | 4,498        |
| 1978-79 -                 | 1,501        | 1978-79 -                                 | 4,209        |
| 1979-80 -                 | 1,408        | 1979-80 -                                 | 4,065        |
| 1980-81 -                 | 1,531        | 1980-81 -                                 | 4,151        |
| 1981-82 -                 | 1,511        | 1981-82 -                                 | 4,524        |
| 1982-83 -                 | 1,611        | 1982-83 -                                 | 4,800        |
| 1983-84 -                 | <u>1,742</u> | 1983-84 -                                 | <u>4,581</u> |
| TOTAL                     | 27,657       | TOTAL                                     | 80,580       |

## 2. DENTAL APTITUDE TEST PROGRAM

### (a) Test Numbers

During the 1983-84 academic year, the DAT Program tested 1742 students. The previous year, the Program tested a total of 1611 students, thus representing a 8.13% increase in applicants.

Pursuant to the motion passed at the May 1982 meeting of Council that the DAT Committee carry out an investigation on the number of applicants for the DAT and its effect on the calibre of future dental students and dental practitioners, the Committee is pleased to state that a study is being done by Dr. Ian Bennett of Dalhousie University.

Dr. Bennett has analyzed the number of first time applicants versus repeat candidates for the DAT examination from 1972 to the present. In addition, an admissions questionnaire has been developed and will be forwarded to each dental faculty in the near future.

Drs. Bennett and Boyd will report further at the Council meeting.

### (b) Test Content and Sequence

As in previous years, the DAT test consisted of the following examinations in two basic areas of assessment - academic and manual, with the following examinations in each area:

- Academic - Reading Comprehension (English language students only);
- Biology and Inorganic Chemistry
- Manual - Chalk Carving
- Perceptual Ability in Two and Three Dimensions

In addition, the 16 Personality Factors examination was, once again, included in the testing battery to be used for research purposes only and not communicated to the dental schools.

### (c) Testing Dates

The DAT Program tested twice during the 1983-84 academic year - on November 18/19, 1983 and March 2/3, 1984.

### (d) Scoring of Answer Sheets

Once again, the DAT Program utilized the services of the American Dental Association in the grading of the Aptitude Test. The cost of this service remains proportional to the fees collected, at \$2.75 per applicant.

(e) Reporting of Scores

The manner of reporting test scores remains the same with the following categories reported:

- Reading Comprehension
- Biology
- Inorganic Chemistry
- Science Average
- Academic Average
- Perceptual Ability
- Carving Dexterity
- The student's preferred province of residency for application purposes is also reported to the faculties

Both the dental faculties and students continue to receive an individual report of scores, in addition to which the dental faculties receive a master printout for all test applicants.

The American Dental Association continues to provide the report of scores to both the faculties and students as part of its overall administration fee.

(f) Committee Membership

(i) Dental Admissions Test Committee

Committee membership changed somewhat in 1983-84. The Committee is pleased to have Dr. Alain Vaillancourt (University of Montreal) join the DAT Program for a three-year term, but notes with regret, the resignation of Dr. David Banting last fall.

In consultation with the Chairman of Council, the DAT Chairman approached Dr. Judith Krupanszky of the University of Toronto to complete Dr. Banting's unexpired term.

The Committee also approached Dr. Krupanszky to stand in nomination for a full three-year term beginning in 1984 and she has agreed. Consequently, the following recommendation is made:

Be it resolved

*That Dr. Judith Krupanszky be appointed to a three-year term on the Dental Admissions Committee beginning in September 1984.*

The Committee once again expressed its concern about continuity of membership and expertise, particularly as it relates to ongoing Committee projects and studies.

(f) Committee Membership (Cont'd.)

With this in mind, the following two recommendations are made:

Be it resolved

*That the membership of the DAT Committee be expanded by one person to accommodate an increasing workload,*  
*and*

*that Dr. G.W. Thompson be invited to become a member of the DAT Committee for a three-year term.*

(ii) Consultants

A number of years ago, the Committee initiated a policy whereby it would assess the role of consultants on a yearly basis and make the appropriate recommendations to Council for ratification and approval. With this in mind, the following recommendations are made:

Be it resolved

*That Mrs. Linda Graham be reappointed as a consultant to the Interview Validation Study Project for a one-year period beginning September 1984.*

As a result of the Committee's ongoing liaison and relationship with the ADA, the following recommendation is made.

Be it resolved

*That Mr. Dave Demarais be invited to be a consultant to the DAT Program and that Dr. J. Graham be invited to remain a consultant for purposes of the Interview Study, both for a one-year term beginning September 1984.*

At this time, the Committee would also like to extend its sincere appreciation to Dr. Judith Krupka who has served as a consultant for the Interview Study for the past five years and is now leaving this position. Her efforts in the initial development of the structured interview have been invaluable.

(iii) Chalk Grading Team

Several changes have occurred on the DAT Chalk Grading Team.

Two members of the team ended their terms in 1984 (from the University of Alberta and the University of Western Ontario). Three members will leave the Team in 1985 (from Dalhousie University, Université Laval and the Chairman).



(f) Committee Membership (Cont'd.)

Two new members have joined the Team until 1986 (from the University of Manitoba and the University of Saskatchewan).

The University of Toronto has been approached and Dr. James W. Brown has been recommended for membership on the Grading Team.

Both the University of Montreal and McGill have been contacted regarding membership on the Grading Team and it is anticipated that replies will be forthcoming shortly.

As Council will recall, attendance at any one meeting is decided upon by the number of chalks being graded with one grader for every 150 chalks to be marked.

(g) Purchase of New Test Supplies

During 1983-84, the Committee was fortunate to have Dalhousie University continue to supply chalk for the carving examination and preparation packages.

Under the direction of Dr. Derek Jones, Dalhousie University was able to provide the testing program with 10,000 pieces of chalk at a cost of approximately \$1.00 per chalk.

The Committee is very appreciative of the assistance provided the DAT Program by Dr. Jones, Dr. Bennett and the Faculty of Dentistry at Dalhousie University, particularly because of the extensive and time consuming nature of this entire operation.

Because of defects and warpage to its previous supplies, the DAT Program also purchased 1400 new knife handles and blades at a cost of approximately \$3.75 per handle and \$0.50 per blade. It is expected that these new handles will prove more durable than the previous handles.

The Committee plans to package the old usable handles in next year's preparation kits.

(h) Special Test Session for Sabbath Observers

The Committee continues to provide special accommodation for students who wish to be tested on a day other than Saturday. In both November 1983 and March 1984, a special session was held at CDA Headquarters for those students from Toronto, Montreal and the eastern United States who wished to take the examination at a special session. Approximately eleven students were tested during these two test sessions.



(i) Student Information Questionnaire

The DAT Student Information Questionnaire continues to be an integral part of the DAT Program and students are requested to complete this information during each test session. Group data has been tallied for the November 1982 and March 1983 test periods and a Committee article was published in the January 1984 CDA Journal on this topic.

The Committee anticipates that further studies and future articles will be published utilizing this data base.

(j) Chalk Grading Procedures

Commencing in November 1982, the Chalk Grading Team undertook a new four-point grading procedure for the chalk carving examination. The four categories of assessment are:

- (1) accuracy and complete reproduction with respect to measurement and design;
- (2) degree to which the surfaces are flat and smooth;
- (3) degree to which the angles are clean cut;
- (4) degree to which the carving is symmetrical and correctly oriented as in the drawing and description provided.

The Committee is pleased with this more extensive method of grading and feels that it more accurately discriminates performance levels between applicants.

(k) DAT Preparation Materials

In conjunction with the above mentioned grading criteria, the DAT Program published expanded information on the chalk carving examination and the criteria for evaluation.

A comprehensive preparation package was developed and distributed to each DAT applicant upon submission of the application form and payment of fees. Each preparation package contained -

- (1) samples of each type of written examination
- (2) a sample carving examination and detailed explanation of the grading criteria, scoring procedures and common errors
- (3) three pieces of carving chalk
- (4) two knife blades and information on types of handles

Once again, the DAT Program is most grateful to Dalhousie University for its extensive assistance in producing the practice chalk and in packaging the preparation kits.

The Committee would also like to thank Dr. Bill Sanders of McGill University for developing detailed line drawings for inclusion in both the preparation materials and graders' manual.

(1) Chalk Graders' Manual

Similarly, the DAT Committee has prepared and continues to modify its reference handbook for Chalk Graders. This manual contains the terms of reference of the Chalk Grading Team, the grading criteria, a list of the current Committee members, the chalk carving grading/discrimination criteria, the sample materials provided all DAT applicants, a sample examination and the DAT explanation brochure.

(m) Meeting with University of Toronto Admissions Committee

Over the years, it has been the practice of the DAT Committee to hold some Committee meetings on site at a dental faculty in order to meet with Admissions Committees and answer questions they may have about the DAT and its use in the admissions process. With this in mind, the Committee met with the Admissions Committee at the University of Toronto in May 1983.

At that time, the University of Toronto voiced concerns about its use of the DAT in admissions.

Although Committee members felt they had answered Toronto's concerns and provided specialized research and statistics on the U. of T. data base, it has subsequently learned that the University of Toronto has established an ad hoc committee to review its admissions process and use of the DAT therein.

Pursuant to this, the DAT Program/Committee has offered its expertise and assistance to the Toronto Committee in the complex nature of validation research.

To date, no further information has been received from the University of Toronto on this situation.

3. DENTAL APTITUDE TEST PROGRAM

(a) Test Dates

The following dates have been selected for the remainder of 1984 and 1985:

November 16/17, 1984  
March 1/2, 1985

Application deadline dates are approximately one month in advance of these testing dates.

(b) Monitoring Test Centre Use and Availability

The Committee continues to monitor test centre utilization and availability across the country. The 1983-84 testing year saw no changes to the number of test centres assigned to act as testing sites.

(c) New Test Supplies & Expanded Preparation Package

A number of new supplies are earmarked for development and purchase in 1984 and 1985.

The Committee will once again seek a new supply of chalk for both testing and for the preparation packages from Dalhousie University, at an anticipated cost of \$10,000.00 to \$12,000.00.

The Committee will incorporate a plastic metric ruler in the preparation package in addition to the old used plastic knife handles.

A new preparation manual will be printed with updated grading procedures and new sample examinations at a cost of approximately \$6,000.00.

It is further anticipated that additional labour costs will be incurred for Dalhousie's packaging of these preparation packages.

4. VALIDATION STUDIES

(a) Chalk Carving vs PMAT and 16PF Tests

For a number of years, Dr. Gordon Thompson has been involved in the collection of the abovementioned data. This study has been completed. It is entitled The Relationship of Dental School Grades and the Dental Aptitude Test, and is to be published in the August 1984 CDA Journal.

APP.I

(b) 16PF Studies

Under the direction of Dr. Marcia Boyd, 16PF pregraduation data from the University of Western Ontario, Dalhousie, Manitoba and the University of British Columbia, has been assessed and a profile developed, the results of which were published in the September 1983 CDA Journal.

Retesting of the 1980 graduates has been undertaken, but results have been delayed because of a poor return by these grads. The CDA is pursuing this further in an attempt to acquire an adequate data pool to assess these results.

(c) Interview Validation Study

(i) Progress to Date

As reported at Council's last meeting, seven of the ten Canadian faculties continue to use or have initiated use of the DAT standardized interview in the dental admission process.

(c) Interview Validation Study (Cont'd.)

During the past four years, the Committee has developed four parallel interview forms for interchange and use by the dental faculties. The UBC, Alberta and Dalhousie hygiene programs have also revised and adopted these interview forms.

Under the direction of Mrs. Linda Graham, of the American Dental Association, interview workshops and retraining sessions have been held at the University of British Columbia, the University of Alberta, University of Manitoba, University of Saskatchewan, Dalhousie university, the University of Western Ontario, the University of Montreal and McGill University.

The Committee's efforts in this area have resulted in use of the interview at seven of the eight faculties listed above, with UWO initially participating and then withdrawing.

In order to keep dental faculties presently involved in the Interview Study abreast of interview techniques, the Committee has established a schedule of in-house review and outside retraining sessions. Travel and living expenses for the leaders of the retraining sessions (every two years) are incorporated in the interview validation study budget. The honoraria is paid by the dental faculties.

During 1983-84, retraining workshops were held at UBC, with in-house reviews at Alberta, Dalhousie, Manitoba, Saskatchewan and the University of Montreal.

Because of the large number of on-site review sessions scheduled to be held next year, the Committee is attempting to establish an advance schedule to facilitate Mrs. Graham's role in this area.

(ii) All Faculty Interview Workshop - January 1984

In order to assist all faculties participating in the Study with their use of the Interview and their in-house reviews, the DAT Committee held a two-day all faculty workshop in Toronto in late January 1984. Nine of the ten dental schools were represented at this workshop and the program agenda concentrated on -

- the organization of in-house reviews
- the development of A-V aids for retraining
- the need for consistency in the faculties' use of the Interview
- the reporting of Interview results
- the exchange of faculty information, and
- school problems and concerns

(c) Interview Validation Study (Cont'd.)

From all reports, the workshop was a very useful and informative session for all who attended.

(iii) Interview Research

The Committee continues to refine its research on the interview instrument. Continual data has shown a high interrater reliability which indicates a reliable instrument.

Data has been collected on those students who were interviewed and admitted to dentistry in addition to those who have withdrawn at any point during their undergraduate studies. An attrition form has been developed for this purpose and will be forwarded to the dental faculties this September.

Difficulties have occurred in the development of an instrument to validate the initial interview results with a student's clinical performance and personality.

Because of the highly sensitive and personal nature of this type of evaluation, students, staff and faculty members have been reluctant to evaluate undergraduates on the various interview criteria.

The Committee is presently attempting to perform this type of evaluation immediately after graduation when the request for this type of data may appear less threatening to students.

It should also be noted that Dr. James Graham has undertaken the compilation and recording of a standardized data base of all accepted dental school applicants incorporating the applicants' -

- DAT scores
- confidential student questionnaire information
- 16PF data, and
- interview results
- validation instrument results

(iv) Funding

In the past, the Interview Study has received strong financial support from both the Canadian Dental Association and the Canadian Fund for Dental Education. Although the CFDE was not approached in 1983 and 1984, the Committee wishes to retain open channels of communication with the CFDE should the need arise.



(v) Interview Study Resources

As more and more retraining sessions are being held across the country, the Committee finds that it requires additional resource materials for presentation to, and for the retraining of, school interview teams. To this end, the Committee commissioned the participating dental faculties to develop retraining tapes for use and exchange among all participating dental schools. This has proven to be a successful vehicle and it is anticipated that this practice will continue as the need arises.

The Committee will also proceed with the full translation of all four parallel interview forms and their accompanying guidelines for evaluation of responses.

5. COMMITTEE PUBLICATIONS

The Committee is pleased to report that two DAT articles appeared in the Journal of the Canadian Dental Association in 1983-84.

In September 1983, Dr. Boyd's profile on the personality of dental school applicants entitled The Undergraduate Teaching Program - Does it Change Personality? appeared and in January 1984 a Committee report on the results of the November 1982 and March 1983 DAT Student Information Questionnaire was published.

As noted, Dr. G.W. Thompson's article on the DAT test is scheduled to appear in August 1984.

6. FINANCIAL REPORT

APP.II

(a) 1983

Final year-end figures for the DAT Program indicate that the revenue received from testing fees totalled \$93,549.00 as compared to a budgeted figure of \$75,000.00. This was due to an increase in testing fees from \$50.00 to \$65.00 and a 8.13% increase in applicants from the previous year. Test supplies and promotion costs exceeded budgeted figures due to an increased volume in the materials being printed, additional test supplies and inflation. Grading costs appear somewhat higher than budgeted due to late receipt of an invoice for grading from the American Dental Association. Fee for service costs appear somewhat reduced but this is due to year end closing dates and not reduced costs.

(b) 1984 Budget

In reviewing the 1984 budget as compared to the 1983 actuals, notice should be taken of the following increases in anticipated expenditures:

The budget for test supplies has been adjusted to be more closely in line with 1983 actuals. The budget for new test materials has been increased significantly to more accurately reflect anticipated cost for new chalk production, new preparation materials and new knives and blades. The major expense under the Interview Study is for the all faculty interview workshop in January 1984 and the heavily scheduled retraining sessions.

It is presently anticipated that travel and meeting costs will exceed the budget of \$14,500.00 and more accurately reflect 1983 actuals.

(c) 1985 Budget

In establishing a 1985 Program budget revenue is based on the present application fee of \$65.00 per applicant on a volume of 1700 applicants.

Costs for test supplies, promotion and new materials have been adjusted to more accurately reflect 1983 actuals and anticipated new chalk production costs.

Travel and meeting costs have also been adjusted to more accurately reflect 1983 actuals.

CONCLUSION

Once again, the DAT Committee has been actively involved in both research work and ongoing program administration.

Although a considerable amount of Committee time has been spent on expanding the quality of information presented to students and on improving present chalk grading procedures, the Committee's major activities have been concentrated toward its ongoing research projects and most particularly, the Interview Study, scheduled workshops and data collection.

Many of our research projects have moved forward significantly, such as our study on the student information questionnaire, others to expansion among a number of Committee members because of an ever increasing volume and workload.

As always, I remain deeply indebted to each member of the DAT Committee for his/her hard work and commitment to our goals and responsibilities.



The achievement of these goals could not happen, however, without the capable and willing assistance given the Committee by both Linda Teteruck and Win Mobley. Their diligence and patience are very much appreciated.

I also wish to express our sincere appreciation to the Canadian Dental Association for its continuing support of our activities and program.

Respectfully submitted by

Dr. Marcia Boyd  
Chairman  
Dental Admissions Test Committee

Addendum to the  
DAT Committee Report  
to the CDA Council on Education  
June 1984

The DAT Committee met on May 23-24, 1984 and the following items are added to the Committee report to Council.

1. Revisions to membership on the Chalk Carving Team to ensure representation by all dental faculties.

Be it resolved

- 1. That the Chalk Grading Team consist of a Chairman and ten members (one member from each Canadian dental school), each member serving for a three-year term, renewable once.*
- 2. That the Chairman of the DAT Committee be the Chairman of the Grading Team.*
- 3. That the term of Dr. Morand (Laval) be considered a first of a three-year term to end in 1985, and the term of Dr. Pronych (Dalhousie) be considered as a second three-year term to end in 1985.*
- 4. That the terms of Dr. Braun (Manitoba) and Dr. Sutherland (Saskatchewan) be considered a first three-year term to end in 1986.*
- 5. That Dr. Brown (Toronto) be appointed to a first three-year term to end in 1987.*
- 6. That nominations be sought from the five schools not represented (Montreal, McGill, UBC, Alberta and Western Ontario) for five individuals to be appointed in 1984 for an initial three-year term.*
- 7. That new and renewal members be nominated as necessary from the school of the resigning or retiring member.*
- 8. That an honorarium of \$100 per session attended continue to be paid.*
- 9. That the actual size of the Grading Team for any grading session be established as the Chairman and one other member for each group of up to 150 chalks to be graded.*

9. (Cont'd.)

Grading Team Size

| <i>Up to 150 chalks</i> | <i>Chairman plus 1 member(s)</i> |
|-------------------------|----------------------------------|
| " 300 "                 | " " 2                            |
| " 450 "                 | " " 3                            |
| " 600 "                 | " " 4                            |
| " 750 "                 | " " 5                            |
| " 900 "                 | " " 6                            |
| " 1050 "                | " " 7                            |
| " 1200 "                | " " 8                            |
| " 1350 "                | " " 9                            |
| <i>Over 1350</i> "      | " " 10                           |

10. - That the actual membership of each grading session be selected in rotation and depending on the availability of members and the need to maintain a balance of new and experienced members. If enough actual members of the Team cannot be convened for a particular grading session, former members of the Team or members or former members of the DAT Committee may be substituted for regular members at the discretion of the Chairman.

Carried

It was noted that the rotating nature of attendance at each grading session and its direct relationship to the number of chalks being graded would ensure no appreciable increase in current costs for grading sessions.

2. Revisions to the Committee's 1985 budget to reflect

APP.I

- the sale of extra chalk
- anticipated increases in workshop preparation costs for Mrs. Graham
- production of a two-year supply of chalk for testing purposes and preparation packages

DAT FINANCIAL PROFILE

|                           | <u>1983</u>            | <u>1983</u>    | <u>1984</u>            | <u>1985</u>   |
|---------------------------|------------------------|----------------|------------------------|---------------|
|                           | <u>Approved Budget</u> | <u>Actuals</u> | <u>Approved Budget</u> | <u>Budget</u> |
| <u>REVENUE</u>            |                        |                |                        |               |
| Test fees                 | \$75,000               | \$93,549       | \$104,000              | \$115,000 *   |
| <u>EXPENSES</u>           |                        |                |                        |               |
| DAT Shipping              | 3,500                  | 3,306          | 3,500                  | 3,700         |
| Printing: Test materials  | 9,500                  | 20,547         | 20,500                 | 29,500        |
|                           | 3,000                  | 9,584          | 3,500                  |               |
| New Materials             | 2,500                  | 3,843          | 12,000                 | 22,500 **     |
| Grading/Processing        | 8,000                  | 9,817          | 10,000                 | 12,000        |
| Fees for Service          | 13,000                 | 8,532          | 12,000                 | 14,000        |
| Validation Research       | <u>4,000</u>           | <u>1,370</u>   | <u>6,000</u>           | <u>6,000</u>  |
|                           | \$43,500               | \$56,999       | \$67,500               | \$87,700      |
| Travel & Meetings         | 14,190                 | 24,731         | 16,000                 | 37,000 ***    |
| Interview Study Workshops | <u>14,000</u>          | <u>-</u>       | <u>14,500</u>          | <u>-</u>      |
|                           | \$28,190               | \$24,731       | \$30,500               | \$37,000      |
| Total Expenses            | \$71,690               | \$81,730       | \$98,000               | \$124,700     |
| Inventory                 |                        |                |                        | -10,500       |
| PROFIT/LOSS               | \$3,310                | \$11,819       | \$6,000                | \$800         |

Notes Accompanying the DAT Financial Profile

\* Anticipated revenue is based on 1700 applicants at \$65.00 per student plus sale of 300 additional chalk packages.

\*\* Chalk production costs only

\*\*\* Travel and meeting costs to reflect more closely 1983 actuals

Costs incurred for scheduled retraining sessions at participating faculties.

## COUNCIL ON ETHICS

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### REPORT TO THE ANNUAL CDA BOARD OF GOVERNORS MEETING SEPTEMBER 1984

Members: Dr. G.R. Thordarson, Chairman, British Columbia,  
Dr. W.G. Leggett, Ontario  
Dr. M.A. Lasko, Manitoba  
Dr. R.C. McClelland, Alberta  
Dr. W.I. Vogan, Nova Scotia  
Dr. T.E. Ramage, Executive Liaison (Former), Vancouver

#### 1. Council Meeting

Since the 1984 Interim Meeting of the CDA Board of Governors Council has met once, that being on Tuesday, April 10, 1984, in Montreal. Dr. Lasko, Manitoba was unable to attend and sent his regrets.

#### Items For Information - Not Requiring Board Action

#### 2. CDA Code of Ethics

Council discussed the existing Code of Ethics, and while it was agreed that this was generally a satisfactory document, it will be reviewed by the Council with comments, opinions and criticisms to be passed on to the Chairman.

#### 3. Terms of Reference

Discussion took place concerning the future activities and direction of the Council on Ethics. As a result of these discussions Council submits the following points to the Board for direction. This submission does not contain specifics but rather requests direction of the board as to whether or not the Board wishes guidelines and reports on the various topics described hereunder, or others identified by the Board of Governors or the Council on Ethics from time to time, developed for the approval of the Board. The present Terms of Reference are appended for information.

#### Appendix A

- (1) The Council should act as a collector of information regarding prosecution in the various provinces on matters involving ethics and on legal opinions or legal standing where challenges to the codes have occurred or investigations as to the status of the codes have taken place in the various provinces. This information to be collected and distributed to the corporate members annually for their use as they see fit.
- (2) The Council should consider various means of challenging dentists who transgress, with regard to codes of ethics, other than inquiries and discipline procedures normally used which often lead to suspension from practice.

## COUNCIL ON ETHICS

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- (3) The Council should produce information on various matters that involve ethics which may come out of the rising activity in marketing by dentists. As an example, guidelines regarding office newsletters should be established for the consideration of the CDA and for the use of the various corporate members, including such topics as (a) what information should be in newsletters. (Appropriateness of lists of new patients, testimonials from patients, aggrandizement in the form of materials and methods used and courses taken, health tips, lucky draws, etc.) (b) who should receive such newsletters, and other issues.
- (4) The topic of insurance and how dentists deal with it, such as the ignoring of the co-insurance portion of the fee, is of ethical concern.
- (5) Guidelines could be developed for various agreements which may prevent or help to prevent ethical arguments between dentists. An example would be principal and associate agreements. It may be that certain portions of these agreements should be considered with regard to the ethical ramifications of, for example, a principal attempting to force his associate to sign a restrictive covenant that he would not practice within an unreasonable distance.
- (6) Guidelines regarding records used for teaching or publication and the releases which must be obtained from patients would be of use to many of our members. Perhaps this could be accompanied by the development of a simple release form.
- (7) Guidelines regarding the intraprofessional relationships between referring dentists and specialists and between referring dentists, specialists and second or third specialists. We need to consider record sharing, reporting by the specialist back to the general practitioner and/or other specialists involved, the propriety of hygienists referring patients to specialists (whether or not the dentist agrees to allow the hygienist to activate such referrals) the situation in some offices where the auxiliary is the first person to see the patient etc.



COUNCIL ON ETHICS

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4. It was agreed by Council that once collection of information on the various topics listed above and others was complete that Council should make enquiries of the various licensing authorities and associations across the country to request input. The purpose of such canvassing would be to deal with concerns of various corporate members before consideration by the CDA Board of Governors, thereby clarifying the various issues for consideration of the Board.

The Board of Governors agrees and suggests that Council on Ethics establish a priorities list for action due to the large amount of time required to deal with certain of these items.

Respectfully submitted,

G.R. Thordarson, D.M.D.,  
Chairman,  
Council on Ethics

ADOPTION OF REPORT:

The Board of Governors accepts the Report of Council on Ethics with appreciation.

COUNCIL ON ETHICS

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## TERMS OF REFERENCE

The Ethics Council shall consist of five members.

It shall be the duty of the Ethics Council:

- (i) to study all matters relating to the ethical standing of the profession.
- (ii) to recommend statement of ethical standards that are in the best interests of all concerned.
- (iii) to work with the corporate members for the establishment of ethical standards which are acceptable to the profession.

July/84

## COUNCIL ON HEALTH CARE

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### REPORT TO THE ANNUAL CDA BOARD OF GOVERNORS MEETING SEPTEMBER 1984

- Members: Dr. H. Horsman, New Brunswick, Chairman  
Dr. A. D. Crocker, P.E.I.  
Dr. E.K. Fukushima, B.C.  
Dr. K.L. Hamilton, Saskatchewan  
Dr. G. McFarlane, Newfoundland  
Dr. C.T. McNichol, Alberta  
L-Col. P.R. McQueen, CFDS, Ottawa, Ontario  
Dr. R. B. Porter, Nova Scotia  
Dr. R.C. Rooney, New Brunswick  
Dr. D.G. Sage, Ontario  
Dr. K.R. Skinner, Manitoba  
Dr. A. Toeman, Quebec
- Dr. W.R. Bedford, Senior Consultant, Dentistry  
Health & Welfare  
Mr. B.J. Henderson, Director of Accreditation, CDA  
Mrs. Peggy Larder, CDHA, Nova Scotia,  
Ms. Suzanne Mader, CDAA, Nova Scotia,  
Dr. J.C. Tsafaroff, DVA, Ontario  
Mrs. Carol Worobey, CDHA, Ontario
- Dr. T. E. Ramage, Executive Liaison,  
British Columbia

#### 1. Council Meeting

Since the Interim Board Meeting April 8-9, 1984 Council on Health Care has met once on April 26-27, 1984.

#### Items Requiring Board Action

#### 2. Uniform System of Codes & List of Services

#### RESOLVED:

- 84.78 THAT the terms of reference in Appendix I be adopted and placed in the Introduction of the Uniform System of Codes & List of Services.

Appendix I

The Board of Governors agrees and recommends that Item 6 be changed with the addition of the words "with a recommendation for or against approval" added.

The Board further recommends that Item 7 be deleted.

ADOPTED

COUNCIL ON HEALTH CARE

**RESOLVED:**

- 84.79**      **THAT the following procedure numbers be added to the Uniform System of Codes & List of Services:**

**Request from Alberta Dental Association:**

- a.**      **39601**    single canal tooth
- 39602**    two canal tooth
- 39603**    three canal tooth
- 39604**    four canal tooth

as additions to the 39600 series described as Removal of root filling materials or foreign bodies from previously treated root canals.

**Request from Alberta Dental Association:**

- b.**      **34500**    decompression of peri-radicular lesion - first visit
- 34510**    additional visit
- c.**      **51920**    Maxillary and Mandibular complete overdentures

**Request from Nova Scotia Dental Association.**

- d.**      **51930**    Maxillary Immediate Complete Overdenture
- 51931**    Mandibular Immediate Complete Overdenture
- 51932**    Maxillary and Mandibular Immediate Complete Overdenture
- e.**      **55410**    Repositional Reline of Maxillary Complete Denture
- 55420**    Repositional Reline of Mandibular Complete Denture
- 55430**    Repositional Reline of Second Complete Denture done at the same time - additional fee

COUNCIL ON HEALTH CARE

- 84.79 f. 52930 Maxillary Cast Metal Removeable Partial Overdenture  
52940 Mandibular Cast Metal Removeable Partial Overdenture  
52900 Maxillary Partial Overdenture - acrylic base with cast or wrought clasps  
52910 Mandibular Partial Overdenture - acrylic base with cast or wrought clasps
- g. THAT the description accompanying the existing Code #13100 be amended to read 'Nutritional Counselling' rather than Dietary Planning for Control of Dental Caries'.

ADOPTED

Item 4 of Appendix I reports a request from Nova Scotia for the introduction of several new procedure numbers for Metal and Porcelain Bridge - acid etch (Maryland) to cover 1 - 4 anterior pontics and 1 - 2 - 3 posterior pontics and Maxillary Interim Immediate Complete Dentures and Mandibular Interim Immediate Complete Dentures. At discussion of these items they were withdrawn and Dr. Porter will refer them back to his Association for further consideration. Also a request for a new number for trephination through a metal or porcelain crown was defeated. Council failed to see the need to make this distinction.

3. Auxiliaries

Subject of voting membership status for the auxiliaries was introduced and discussed.

RESOLVED:

- 84.80 WHEREAS the Council on Health Care has been reassured that Canadian Dental Hygienists' Association and Canadian Dental Assistants' Association wishes to continue to work closely with Canadian Dental Association toward common objectives be it moved

COUNCIL ON HEALTH CARE

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- 84.80            THAT CDHA and CDAA representatives on Health Care Council be reinstated as full voting members.

Executive Council agrees and recommends that amendements to Article XVI, Section 4 (e) be referred to the Council on Constitution and By-Laws for implementation.

ADOPTED

4.    Prepaid Dental Plans

a.    Standard Dental Claim Form

RESOLVED:

- 84.81            WHEREAS the Canadian Dental Association has approved of the Unique Identification Number system for dentists be it resolved

THAT the Standard Dental Claim Form be altered by replacing the Social Insurance Number by The Unique Identification Number.

The Board of Governors agrees and recommends that this change be implemented at the next revision of the Standard Claim Form.

ADOPTED

b.    Accident Insurance Claims

Due to the problems concerning the handling and payment of dental treatment under school accident insurance policies this addition was recommended to the Guidelines on School Dental Accident Insurance under number 5. A. (VII).

RESOLVED:

- 84.82            THAT, in cases of school accidents, where a diversified approach to treatment of the injury exists, carriers provide protection for their clients which places a dollar amount (to a maximum if applicable) on the payment towards the treatment of said injury, which would allow the patient/guardian-parent, after input from the attending dentist/specialist, to make an informed decision as to what treatment mode he/she will choose.

ADOPTED

COUNCIL ON HEALTH CARE

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Items for Information - Not Requiring Board Action

5. Standard Dental Claim Form

Dr. Sage reviewed a proposed standard dental claim form for computer use that has been prepared by the Ontario Dental Association and compared it to the manual standard form. He noted some minor changes, i.e. date change to international system (year, month, day) possibility of procedure code preceding international tooth code. These changes will be made prior to presentation of the form to the ODA Board for approval. After a general discussion Council recommended:

That the Subcommittee on Prepaid Dental Plans  
review the manual standard dental claim form  
and research the feasibility of a standardized  
computerized claim form.

It was suggested to assist Dr. Sage in his study Mr. Brian Henderson will write to the Specialties to determine what forms presently are in use, what information they deem necessary, potential for a standard form, and any suggestions. Dr. Sage will draft a letter with respect to developing a computer claim form to be sent to the Corporate bodies. CDA will initiate this procedure and Council members were asked to follow up with their provincial organizations. Distribution of information received will be made available to Council with a view to making a decision in November.

6. Fluoridation

A review and discussion of the current fluoridation situation took place. It was noted there is still some interest in the development of a Canadian film. It was recommended that the CDA Journal attempt to prepare a good article for publication in the Medical or Pharmaceutical Journal. Mr. Brian Henderson will check on this possibility. It was felt there is still a need for education and Council stressed the importance of CDA continuing to have a Fluoridation Officer.



## COUNCIL ON HEALTH CARE

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### 7. Occupational Health Hazards

L-Col. McQueen reported on the special project on dental health hazards progress to date. He noted that after considerable communication between himself and Dr. John Eisner, ACFD Chairman for Education it was agreed that Council on Health Care and ACFD would work conjointly on the project. Accordingly Dr. Patrick Blahut of Dalhousie Dental Faculty was selected for this project. A review of Dr. Blahut's draft proposed budget was presented for Council information. It was noted the big question is funding and a general discussion of direction, funding, distribution and overall budget followed. L-Col. McQueen's report was received with thanks. It was noted that no action by Council was necessary at this time. In the interim Mr. Brian Henderson and L-Col. McQueen will meet to explore how this project might be presented for Council's support at its next meeting.

Respectfully submitted,

H.W. Horsman, D.D.S.  
Chairman,  
Council on Health Care

### ADOPTION OF REPORT:

**The Board of Governors accepts the Report of Council on Health Care with appreciation.**

COUNCIL ON HEALTH CARE

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## TERMS OF REFERENCE

## UNIFORM SYSTEM OF CODES AND LISTS OF SERVICES

1. The Uniform System of Codes and Lists of Services is a numerical listing of all recognized procedures performed by a dentist in the performance of the practice of dentistry.
2. The U.S.C. & L.S. does not denote or imply approval or disapproval of any service.
3. The numbers used to describe a service must accurately conform to the following principles:
  - Where the:
    - First digit designates the Category of Service
    - Second digit designates the Classification of Service
    - Third digit designates the Sub-Classification
    - Fourth and Fifth digit identify the Service
4. New numbers will be created only on receipt of a request from the governing body, or the delegated authority, of each corporate body, signifying their approval and support for such new numbers. A clear written statement, supporting and substantiating the creation of each new number must accompany each request.
5. The U.S.C. & L. of S. is designed to assist the Dentist in
  - a) recording procedures performed in his office.
  - b) dealing with third party carriers.
  - c) facilitating research statistics.
6. New numbers are submitted to the Council on Health Care for consideration, with a recommendation for or against approval and are then presented to the Board of Governors. Approval by the Board of Governors will signify inclusion in the Uniform System of Codes and Lists of Services.

COUNCIL ON HEALTH CARE

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REPORT TO HEALTH CARE COUNCIL from  
UNIFORM SYSTEM OF CODE - LISTS OF SERVICES

The following requests for procedure numbers have been presented to me since our last meeting:

1. Request from Alberta  
Addition of numbers to the 39600 series. This covers the removal of root filling materials or foreign bodies from previously treated root canals.

I recommend that we add

39601 single canal tooth  
39602 two canal tooth  
39603 three canal tooth  
39604 four canal tooth

2. Request from Alberta  
Introduction of a new number to cover the decompression of a peri-radicular lesion.

I recommend

34500 decompression of peri-radicular lesion - first  
visit  
34510 additional visit

3. Request from Ontario  
Introduction of a new number for trephination through a metal or porcelain crown.

I suggest

39911 trephination through a metal or porcelain crown

4. The Nova Scotia Dental Association has requested the introduction of several new procedure numbers

- a. Metal and Porcelain Bridge - acid etch (Maryland)  
to cover 1 - 4 anterior pontics and 1 - 2 - 3 posterior  
pontics.

We now have a number to cover abutments for the type of restoration - 65500 and a number for pontics 62000 series. We have not made this of distinction for any other type of bridge work.

I recommend against the introduction of new numbers for the service

- b.     Maxillary Interim Immediate Complete Denture  
        Mandibular Interim Immediate Complete Denture  
        Maxillary and Mandibular Interim Immediate Complete  
        Dentures

Existing numbers 51600, 51610 and 51620 cover Transitional (temporary) complete dentures, maxillary, mandibular and both.

Unless there is a distinct difference, I think it would be redundant to recommend new numbers for this service.

This is deleted at the request of the Nova Scotia representative.

- c.     Maxillary Complete Overdentures  
        Mandibular Complete Overdentures  
        Maxillary and Mandibular Complete Overdentures

Our last meeting approved the following -  
    51900 Maxillary Complete Overdenture  
    51910 Mandibular Complete Overdenture

I recommend we add

- d.     51920 Maxillary and Mandibular Complete Overdentures  
        Maxillary Immediate Complete Overdenture  
        Mandibular Immediate Complete Overdenture  
        Maxillary and Mandibular Complete Overdentures

These procedures are not included in our current UDC & LS

I recommend

    51930 Maxillary Immediate Complete Overdenture  
    51931 Mandibular Immediate Complete Overdenture  
    51932 Maxillary and Mandibular Immediate Complete  
        Overdenture

- e.     Repositional Reline of Maxillary Complete Denture  
        Repositional Reline of Mandibular Complete Denture  
        Repositional Reline of Second Complete Denture  
        done at the same time - additional fee.

(If we approve this) I suggest

- 56410 Repositional Reline of Maxillary Complete Denture
- 56420 Repositional Reline of Mandibular Complete Denture
- 56430 Repositional Reline of Second Complete Denture  
done at the same time - additional fee.

- f. Maxillary Cast Metal Removeable Partial Overdenture  
Mandibular Cast Metal Removeable Partial Overdenture

Our last meeting approved

- 52900 Maxillary Partial Overdenture
- 52910 Mandibular Partial Overdenture

I suggest

- 52930 Maxillary Cast Metal Removeable Partial  
Overdenture
- 52940 Mandibular Cast Metal Removeable Partial  
Overdenture

- f. I also suggest that we more clearly identify 52900 and  
52010 as

- 52900 Maxillary Partial Overdenture - acrylic base with  
cast or wrought clasps
- 52910 Mandibular Partial Overdenture - acrylic base with  
cast or wrought clasps.

- g. Condylectomy with Prosthesis

- 78300 define condylectomy
- 58400 is currently in our code and is defined as tempo-  
Mandibular Prosthesis

If we need a new number to cover a Condylectomy with  
Prosthesis, I suggest 78301.

- h. The following amendments were suggested

- 27700 be re-defined as Cast Metal Post and Core -  
description of service
- 27701 Cast Metal Post and Core - additional -  
separate procedure - one section
- 27702 Cast Metal Post and Core - additional -  
as a separate procedure - two sections
- 27703 Cast Metal Post and Core - additional -  
as a separate procedure - three sections

5. A further request from Ontario asks for a procedure number to cover nutritional counselling.

I recommend

13310 Nutritional Counselling

6. A letter from Ontario asks that we consider the use of the final digit of a procedure number to indicate units of time.

We discussed this point at our last Council meeting, and it was agreed that units of time could be shown by a number following the procedure Eg. 43401 -3. The numbering system does not provide for units of time to be part of a procedure number, as the fourth and fifth numbers identify the service.

A complete rewriting of the code would have to be undertaken if we were to consider this, along with a new definition of the designated number.

Respectfully submitted

C.T. McNichol, D.D.S.  
Chairman  
Uniform System of Codes  
& Lists of Service



## OCCUPATIONAL HAZARDS IN DENTISTRY

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### BACKGROUND:

The CDA Council on Health Care has reviewed a proposal from Dr. P. Blahut, Head of the Division of Community Dentistry at Dalhousie University, requesting CDA support for a national symposium on Dental Office Hazards (following initial review by task forces of existing information on hazards and the preparation of a structured framework for such a symposium). Dr. Blahut's proposal anticipates going beyond the task forces and actual symposium to the preparation of specific project products such as a dental office hazards manual, curriculum guidelines and brochures for patients. Council has expressed its general support of the concept while asking that the proposal itself be restructured into discrete modules that can be individually considered and supported or revised.

A separate initiative has been the ad hoc investigation of the possibility of a "health screening project" at the 1985 Annual Meeting. The health screening project has clear potential to provide some of the research data required in the longer term project suggested by Dr. Blahut.

An ad hoc meeting at CDA on September 14th, chaired by Dr. John Hardie, 1985 Scientific Program Co-ordinator, explored the possibility of tying the two initiatives together. The Ad Hoc Committee felt that it could easily recognize that CDA would wish to support both short and long term initiatives to ensure special attention to Health and Safety Hazards related to Dentistry. While the Ad Hoc Committee was established, under Dr. Hardie's chairmanship, as related to the 1985 Scientific Program, the Chairman of the Council on Health Care is prepared to have it serve as a steering committee which would also report to the Council on Health Care. This would ensure that the project being developed under the Council on Health Care (which will seek NHRDP and CFDE funding) takes the health screening project as a starting point and that the proposal for longer term initiatives is developed from this base. In particular, the proposed symposium on Dental Occupational Hazards would be planned for the 1986 meeting. Since the Council on Health Care, in effect accepting a co-ordinating responsibility, it is important that the Board be informed of Council's intent to work with the Steering Committee as follows:



- (a) Council will co-operate with the Scientific Program Chairman to establish a health screening project for dental personnel to be operated in conjunction with the 1985 CDA Annual Meeting and Convention. The project will involve taking of blood pressure and collection of blood and urine samples on a voluntary basis. The steering committee responsible for planning will arrange for analysis of samples in a structured fashion as indicated by a view of data from a variety of sources, including references supplied by the Centre for Occupational Health and Safety and a questionnaire to be prepared and distributed at the 1985 Convention.
- (b) Dr. Patrick Blahut will be asked to serve as Chairman of the Steering Committee, with Dr. Peter McQueen appointed as liaison with the Council on Health Care, plus appropriate representation from National Health and Welfare.
- (c) It is anticipated that the initial questionnaire and test analysis will provide the basis for a more extensive survey to be sent to all dentists following the 1985 Convention and in time for analysis prior to the 1986 Convention.
- (d) Plans submitted by Dr. Blahut to the Council on Health Care for a full symposium on Dental Occupational Hazards will be modified to include the above health screening project initiatives as preliminary steps.
- (e) CFDE and NHRDP will be approached to financially support such a symposium to be held in conjunction with the 1986 CDA Annual Meeting.
- (f) The Health Screening Project Committee will report to the 1985 Scientific Program Chairman (Dr. John Hardie) in its capacity as a planning committee for part of the 1985 program and to the Council on Health Care, in its capacity as a task force assisting the development of a 1986 symposium on Occupational Hazards in Dentistry.
- (g) A discrete health screening project budget will be prepared and submitted, through Council, for CDA approval.

(BJH:dh—Sep. 17/84)

## COUNCIL ON HOSPITAL SERVICES

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### REPORT TO THE ANNUAL CDA BOARD OF GOVERNORS MEETING SEPTEMBER 1984

Members: Dr. J. H. Gryfe, Chairman, Ontario  
Dr. C. F. Foster, Manitoba  
Dr. J. Hardie, Ontario  
Dr. E. L. MacInnes, Nova Scotia  
Dr. L. Trudel, Quebec  
Dr. W. S. Walter, British Columbia

Dr. B. W. Holmes, Executive Liaison, Ontario

#### 1. Council Meetings

One meeting of the Council has been held since the 1984 Interim meeting of the Board of Governors, on June 21 and 22, 1984. All members of the Council were present, as were the Executive Liaison representative and the Director of Accreditation.

#### 2. Items Requiring Board Action

(1) A review of the Public Hospital Acts of each of the provinces reveals an inconsistency in the status of the dentist on hospital medical staffs.

#### RESOLVED:

84.83            WHEREAS increasing numbers of dentists  
(including general practitioners and  
specialists from a variety of accepted  
dental fields) are being prepared to conduct  
proficiently history taking and physical  
examinations on patients requiring hospital  
admission,

THEREFORE be it resolved that a dentist who  
demonstrates the proficiency to perform a  
history and physical examination on his own  
hospital patients, be allowed to do  
so.

ADOPTED

COUNCIL ON HOSPITAL SERVICES

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3. Items For Information - Not Requiring Board Action

(1) Discussions have begun between the chairmen of the Council on Hospital Services and Department of Veterans Services as to the viability of the DVS Clinics participating in the CDA Survey Accreditation program.

(2) Informal discussions between CDA and CCHA were held in August regarding future CDA participation.

(3) A request was made to the CDA Executive Council for direction concerning the on-going monitoring and development of sterilization standards presently under study by the Canadian Standards Association (CSA).

(4) A set of slides produced by the Health Ministry of British Columbia and donated to the CDA are being studied as a possible resource for the second part of the CDA document "Oral Care for Chronic Care Patients". If accepted, a companion written commentary will be developed and presented to this Board, in the future, for approval.

(5) The Council acknowledges, with thanks, the receipt of a comprehensive report from Dr. Callingham regarding the dental participation in the Correctional Services of Canada.

(6) Council approved the following Dental Services and/or Internship/Residency programs:

Dr. Charles Janeway Child Health Centre - Dental Service  
St. Michaels Hospital, Toronto - Internship  
UBC Health Sciences Centre - Dental Service  
Cancer Control Agency of B.C. - Dental Service

(7) Future surveys this year will include:

Notre Dame, Montreal  
l'Enfant Jesus, Ste. Foy, Quebec  
St. Justine, Montreal  
University Hospital, Saskatoon  
University of Alberta Hospital, Edmonton

COUNCIL ON HOSPITAL SERVICES

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(8) A meeting was held with the Chairman of the Council on Education to plan the Workshop on Accreditation to be held in conjunction with the annual CDA convention in Ottawa in October 1985. A final discussion of the protocol and attendance will be held with this Board at their Interim meeting in 1985.

4. The Council wishes to extend to our Executive Liaison, Dr. Brad Holmes thanks for his insight and direction during his period of representation on our Council.

Respectfully submitted,

Dr J. H. Gryfe, D.D.S.  
Chairman  
Council on Hospital Services.

**ADOPTION OF REPORT:**

The Board of Governors accepts the Report of Council on Hospital Services with appreciation.

## COUNCIL ON INFORMATION SERVICES

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### REPORT TO THE ANNUAL CDA BOARD OF GOVERNORS MEETING SEPTEMBER 1984

Members: Dr. Y. Kamachi, Ontario, Chairman  
Dr. R. Howaniec, British Columbia  
Dr. W. T. Koltek, Manitoba  
Dr. G. Lafreniere, Quebec  
Dr. C. S. LeBlanc, New Brunswick

Dr. J. W. Niedermayer, Executive Liaison, Saskatchewan

#### 1. Council Meetings

Council has met twice since the last Board meeting, on May 7th at a special meeting to discuss the Dental Awareness proposal and on June 11-12, 1984.

#### Items Requiring Board Action

#### 2. A Dental Awareness Proposal

Further to the Board's approval that a consultant be hired to research and make recommendations on the effectiveness of a national dental awareness program, Manifest Communication Inc. of Toronto, Ontario was hired to undertake this task.

Council met twice with Manifest to provide input and direction. Materials from the American Dental Association, provincial associations and other groups were reviewed prior to the formulation of a strategy. Council is very pleased with and supports the strategy which was developed by Manifest Communications.

#### RESOLVED:

84.84      THAT the dental awareness strategy developed by Manifest Communications and forwarded to the Board for review and approval be accepted and that updating of the progress and status of this program will occur at each meeting of the Board of Governors.

APPENDIX I

ADOPTED

## COUNCIL ON INFORMATION SERVICES

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### Items for Information - Not Requiring Board Action

#### 3. National Dental Health Month

Council reviewed the 1984 campaign and felt that it was quite successful. Although it was noted that Quebec and Alberta had chosen to develop different NDHM campaign themes, the general consensus of Council was that the "Three Minute Workout" was a popular and attention attracting concept.

For these reasons and because of cost considerations, it was decided to retain the "dental fitness theme" again next year but change the visuals to update the program.

In order to glean further information on the success and effect of the NDHM campaign across the country Council recommends that a survey be developed and sent to all provincial NDHM Chairmen and Executive Directors soliciting their comments and reactions to the campaign. Dr. Koltek agreed to undertake this endeavour for reply no later than August 31, 1984.

It was agreed that the survey would strengthen the relationship between the NDHM national chairman and the provincial chairmen and provide valuable suggestions on ways to effectively organize and promote the campaign in future years.

Council further suggested that the 1985 NDHM campaign be linked to the total dental awareness concept if such is approved by the Board in September 1984. If this happens the role of the NDHM provincial chairmen would become increasingly more vital to the success of the entire program.

#### 4. Media Workshop

Council learned that McLaughlin and Associates will continue to provide media workshops for interested groups or associations at a cost of \$4650. Council felt that this was a substantial increase in cost to that previously charged but that CDA should promote the workshop as a valuable information tool. It was noted that the workshop is conducted in English only and that a suitable French language co-ordinator has not yet been found.

#### 5. Speakers Bureau

The development of a speakers bureau comprised of members of the profession to speak on dental issues of concern to the public continues to be a priority. To date, response to this request has been limited.

A list of general categories will be developed and speakers sought under each category.



## COUNCIL ON INFORMATION SERVICES

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### 6. Pamphlet Program

#### (a) Completed

TMJ Disorders - copy has been completed and approved by Council. Graphics, photographs and artwork will be developed for this publication as soon as possible.

#### (b) In Revision

Dental X-Rays Show Hidden Problems - to be revised and panarex film information incorporated.

Protect That Mouth - to be revised and updated.

A Smile Worth Guarding - to be updated incorporating information on adult orthodontia.

CDHA Career Pamphlet - to be updated and revised as a joint publication with the Canadian Dental Hygienists' Association.

Care Following Oral Surgery - this pamphlet was reviewed and will be distributed as is. Consideration was also given to distribution via a tear off pad. (Note was made that the Oral Surgeons had requested a revision to the materials which Council felt was more extensive than was necessary for the general practitioner.)

#### (c) New Pamphlets in Development

Geriatric Pamphlet - information is being gathered.

Paedodontic Pamphlet - a draft is being prepared for two paedodontic pamphlets — one to be a general information brochure and a second to concentrate on pregnancy and oral health.

Restorative Dentistry (Operative Dentistry) - a draft is being developed incorporating information on white and metal fillings and bonding.

### 7. Pamphlet Distribution

Note was made that CDA receives ongoing requests from various sources (i.e. government, private agencies, corporations) for large supplies of pamphlets gratis for distribution to the public.



## INFORMATION SERVICES

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Council felt that present distribution procedures (on a cost recovery basis through the dental office) and the overall cost of the program prohibit this alternate form of distribution.

It was suggested however, that if the Dental Awareness Campaign is implemented, this type of distribution should be considered.

### 8. Pamphlet Rack

Note was made that an inexpensive collapsible cardboard pamphlet rack had been developed for distribution to CDA members free of charge on a request basis.

It was felt that the cost of this rack could be absorbed through pamphlet sales and promoted as a membership service. Non-members could purchase the rack for approximately seven dollars.

### 9. CDA/ODQ Pamphlet Distribution in Quebec

Council noted that a request had been received from the ODQ regarding distribution of CDA's French language pamphlets through the ODQ. Council felt the development and printing of the pamphlets should rest with CDA headquarters. However, if the ODQ wished to purchase large quantities of our pamphlets for promotion in the province of Quebec this would be possible with the appropriate byline given to the ODQ.

### 10. Conclusion

The past six months have been both exciting and challenging for Council particularly in relation to the development of a national Dental Awareness strategy. Council has worked hard in attempting to provide Manifest Communications with the guidelines and direction needed to develop a sound proposal for your consideration and implementation.

Respectfully submitted,

Dr. Y. Kamachi, D.D.S.  
Chairman  
Council on Information  
Services.

### ADOPTION OF REPORT:

The Board of Governors accepts the report of the Council on Information Services with appreciation and special recognition to the Chairman and members of the Council for the work done in developing a dental awareness program.

APPENDIX I

**A Communication/Marketing Strategy**  
**For the CDA**

prepared for

**Canadian Dental Association**  
**1815 Alta Vista Drive**  
**Ottawa, Ontario**

by

**Manifest Communications Inc**

**26 June 1984**

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### EXECUTIVE SUMMARY

This paper presents a strategy to enable the CDA to meet its overall objectives for the promotion of dentistry and dental health in Canada.

#### **Two Objectives:**

- o Increase patient traffic in dentists' offices
- o Promote improved dental health among Canadians

#### **Two Criteria:**

- o Executable within controllable CDA resources
- o Appropriate to a professional association

#### **The Present: Supply of Dentists' Services Outstrips Demand**

- o Supply of dental services has grown dramatically:
  - . more dentists
  - . modern techniques allow them to serve more people
  - . fluoridation and other public programs provide preemptive service to many
- o Demand has not kept pace:
  - . children have less decay thanks to fluoridation
  - . dentists are misperceived
  - . money is tight
  - . dental health is not a priority
  - . dental health remains a one-issue concern -- cavities -- while periodontal disease is ignored until too late

All these factors contribute to inadequate demand levels to keep dentists busy enough or for adequate dental health.

**Strategic Positioning:** The strategy provides a conceptual framework for reorienting the public to dental health and dentists:

- o **Dental health:** An ongoing, personally productive form of preventative health practice. A package of daily behaviours: brushing, flossing, eating properly. Regular visits to the dentist.
- o **Dentists:** A trained health specialist with an essential role to play in a personal dental health program.

**Target Audiences**

- o **Primary:** CDA member dentists, the general public.
- o **Secondary:** Corporations, social agencies, media

**Strategy:** An integrated, sustained, targeted mix of communication and marketing activities working simultaneously on 7 fronts:

1. **Practice Enhancement:** targeted to CDA dentists, intended to improve practice management and service delivery;
2. **Public Education:** targeted programs to educate and motivate sectors of the public to preventive dental health and the importance of seeing a dentist as a first step;
3. **Corporate Sponsorship:** on-going effort to recruit dental industry corporations to support CDA strategy with funds and promotional efforts;
4. **Joint Initiatives:** establishment and maintenance of network of groups and organizations to provide CDA with programming and distribution opportunities;
5. **Media and Public Relations:** proactive program to gain exposure for CDA message and spokespeople in national and regional media and in public forums;
6. **Market Research:** initial national research program on attitudes, knowledge, practice of Canadians and CDA members; followed by periodic monitoring; periodic testing of effectiveness of specific CDA activities;
7. **Ad-Driven Marketing:** selected, highly-targeted advertising to support specific promotional activity.

**BUDGETING**

As currently conceived, the total value of this marketing program is \$1,691,500. However, because of the effects of Corporate Sponsorship and other cost recovery elements designed into the strategy, the total campaign represents a cash cost to CDA of \$390,500.

**MARKETING ACTIVITIES**

Each of the 7 marketing thrusts involves a variety of specific activities and projects, including training kits for dentists and staff, educational publications, posters and films for specific audiences, media appearances.

**ONGOING COMMITMENT**

This is not a short term promotional effort to get more patients into the dentists' chairs. It is a strategy designed to promote new attitudes and new behaviour among Canadians. Certain elements of the strategy will, of course, work in the short term to increase traffic. However, building and maintaining better dental health practices requires an ongoing commitment to the communication and marketing program.



### INTRODUCTION

This paper presents the proposed communication/marketing strategy for the Canadian Dental Association. It is designed to generate immediate benefits for CDA members, and to lay the foundation for an ongoing CDA dental health promotion program.

The strategy defines an integrated, multi-faceted, cost-effective program which enables CDA to:

- o position the idea and practice of dental health in fresh, accessible, relevant terms for the Canadian public;
- o promote and enhance the role of the dentist;
- o work with CDA members to help expand and improve the delivery of dental health services;
- o marshall a wide range of dental health-related educational, promotional and marketing activity from corporations, health and social agencies, and government departments across Canada.

The success of the program depends on a number of carefully orchestrated communication and marketing activities. Each one is an essential component of the overall strategy. No single activity -- such as institutional advertising, for example -- could by itself achieve the CDA's ends.

Certain activities will generate direct and measurable benefits to CDA members; others are designed to build a base for future activities in the overall strategy.

This CDA strategy can improve public understanding of good dental health, and it can establish the importance of regular visits to the dentist as a vital part of good dental health practice.

Realistically, however, it will take time and sustained commitment to overcome the misconceptions, negative attitudes, and low levels of awareness, concern, and priority that currently guide the dental health activities of a large percentage of the Canadian population.



STRATEGY OBJECTIVES

The CDA has defined two communication/marketing objectives for this strategy:

o Increase the average number of patient visits per dentist in Canada

No fixed percentage of increase has been established. Figures between 2% and 10% have been indicated by individuals and associations.

o Promote improved dental health practices among all Canadians

This means educating and motivating Canadians to a better understanding of the importance of, and components of, good dental health.

**STRATEGY CRITERIA**

In the course of our discussions, CDA has identified two major criteria for the strategy. It must be:

o **Executable with CDA-controllable resources**

The core of the CDA strategy must depend on resources that the CDA either controls or can directly bring into play. Specifically, the program should not hinge on the commitment and involvement of provincial dental associations; nor should it depend, at its inception, on special levies on members.

o **Appropriate to a professional association**

Much as the CDA wants to promote increased consumption of dentists' services, it cannot adopt the pure marketing orientation of a commercial enterprise. The CDA strategy must not compromise the dignity and professional image of itself or its membership in striving to reach its marketing ends.

### THE PRESENT: A SITUATIONAL OVERVIEW

As recently as ten years ago, virtually every dentist in Canada was assured of all the work he or she could handle. Alas, those days are gone.

The explanation hinges on the laws of supply and demand. The number of dentists practising in Canada has increased significantly -- both in overall numbers and in distribution. Even in remote areas there are few poorly-supplied communities.

Technological advances have made service more efficient: less time need be spent on each patient. Technological advances have also made treatment more effective: fillings last longer, for instance.

Finally, prevention -- for example, fluoridation and education -- has become much more widespread, resulting in fewer cases requiring treatment.

In short, the supply of available dental service has increased dramatically in recent years.

The demand on these services, however, has not kept pace. The simple fact is that a distressingly large number of Canadians do not seek out dental services and suffer unnecessarily from poor dental health. Until recently, the strain on dental services has prevented the profession from being in a position to deal with this problem effectively.

And so it becomes necessary, both in the professional and in the public interest, to expend considerable effort on balancing the 'demand' side of the equation.

### Dental Health: A No-Growth Area

The dental health of Canadians is nowhere near what it should be. Three facts underscore this statement:

- o up to 60% of the population do not visit a dentist on a regular basis;
- o the regularity with which the other 40% visit the dentist is generally less than enough to ensure proper dental care;

- o periodontal disease, the most common disease in Canada, is preventable and treatable, but almost universally unrecognized as a problem, even by those who do seek regular dental treatment.

The low level of demand for dental service in Canada is very much a consequence of the low priority of dental health as a whole among adult Canadians.

The misconceptions surrounding dental health and the negative attitudes toward dental treatment help explain this situation:

- o **"It is not a serious health issue"**: Dental health is not seen as a priority health issue. In fact, it is not often seen as a health issue at all. Consequently people often give dental health less attention than they do a common cold.
- o **"Dental health is strictly a function of cavities"**: People think of dental health almost exclusively in terms of decay; of prevention almost exclusively in terms of brushing; and of treatment almost exclusively in terms of fillings and extractions.
- o **"Dental health is for kids"**: Ironically, the public education effort that has made dental health for children a parental and a societal responsibility has been so successful that the public now has the impression that dental health doesn't apply to adults.
- o **"Dentures are as good as the real thing anyway"**: It is widely believed that dentures are a viable alternative to natural teeth, and that therefore there is no serious consequence to neglecting dental health. "Why spend time and money trying to keep my own teeth when I can buy artificial ones?"
- o **"Dental treatment hurts"**: Though modern techniques have dramatically reduced pain in dental practice, this old idea continues to generate a great deal of fear, especially with those with no modern experience with dentistry.
- o **"Dental care is very expensive"**: Socialized medicine has caused many health costs to become all but invisible. For a great many people dental health care costs seem excessive, and this idea serves as a strong deterrent to going to the dentist.

- o **"The dentist is a repairman"**: The dentist is seen essentially as a skilled technician who fixes teeth. He is what he does, not what he knows. This idea of the dentist is largely reinforced by the experience of a dental visit. If nothing needs repair, it appears that nothing is wrong.

In the absence of valid research, it is difficult to say exactly how each of these factors affects each segment of the population. In aggregate, however, they are pivotal to any explanation of the low level of demand for dental health service among large segments of the Canadian public.

**POSITIONING FRAMEWORK  
DENTAL HEALTH AND DENTISTS**

Positioning is the linchpin that holds together the elements of an effective communication/marketing strategy.

To "position" is to define what is being marketed in terms that make the product, service, or idea compelling to target audiences. Positioning, then, affects both the nature of the messages and the way those messages are received. In this case, the latter is determined largely by how target audiences think about dental health and dentists.

For the CDA strategy to meet its objectives it must establish a positioning framework which:

- o **Re-positions dental health** to make it more appealing, accessible and achievable for adult Canadians;
- o **Re-positions the dentist** as a trained health professional with an essential role to play in the individual's personal dental health program.

The positioning framework for dental health and dentistry will provide a consistent and mutually reinforcing orientation for any and all messages. Through it, the public can readily understand and appreciate dental health, and see dentists as providers of a vital and productive service.

### Positioning Dental Health

The CDA should position dental health as: **the ongoing practice of a specific form of personal preventive health care.**

For dental professionals, this statement represents essentially what they understand dental health to be. But this understanding is not shared by most of the Canadian public.

Effective positioning will, in essence, put a modern face on dental health. Through this positioning, dental health becomes redefined in the public mind as:

- o **A contemporary health issue** -- one directly associated with the growing societal trend toward preventive health care.
- o **An achievable goal** -- appropriate personal action means the effective prevention, control and/or cure of dental health problems. This is a compelling idea.
- o **An active pursuit** -- the simple combination of brushing, flossing, nutrition, and regular consultations with a dentist.
- o **A life-long pursuit** -- broadening the definition of dental health to include adult problems such as periodontal disease specifically includes the adult public.

Positioning dental health in this way allows the CDA to run a highly coherent public education campaign. Equally important, it works to establish an ideal context within which to position and promote dentists and their services.



### Positioning the Dentist

Complementing the positioning of dental health is a new position for dentists themselves. The dentist should be positioned as: a **preventive health specialist, the sole provider of an essential service in a personal dental health program.**

Again, to the professional this is merely stating the obvious. But -- and this is vitally important in marketing terms -- this idea of the dentist does not currently have influence in the public mind. There is enormous marketing potential in making explicit to target audiences that which is implicit in the practice of dentistry.

Positioning the dentist as a preventive health practitioner creates the opportunity to correct current attitudes to dentists and the service they provide:

- o **The image of the dentist will be enhanced:** The stature of the dentist is elevated considerably. He becomes less a technician, more a knowledgeable professional.
- o **The importance of seeing a dentist will be clarified:** As people become more aware of the pivotal role the dentist plays in personal dental health -- a role they do not appear to be aware of now -- the fact that such a service is available becomes more compelling.
- o **The nature of dental service will be transformed:** The emphasis on prevention focusses attention on counselling and diagnostic functions, de-emphasizing the drill and its negative associations.
- o **The benefits of regular consultations will be expanded:** The benefits of consulting the dentist can be shifted from simply the treatment of decay to the successful prevention of, or arresting of, dental health problems. Positive reinforcement for visiting the dentist can be used to benefit both the dental health of the patient and the economic health of the dentist.

This positioning of the dentist will help promote an improved understanding and appreciation of the dentist. However, it will be successful only to the extent that dentists are themselves working to change and improve the attitude and understanding that their patients gain from their visits.

**TARGET AUDIENCES****Primary Target Audiences****CDA Member Dentists**

CDA dentists are to be addressed both as a direct audience and as intermediaries in the public promotion of better dental health practices.

As a direct audience, it is essential that members understand the potential benefits of the CDA effort to promote dental health and that they understand their role in this effort.

As intermediary, the dentist must be aware of the nature of his role in the overall program. This role involves becoming more proactive in all communication efforts with present and potential patients.

**General Public**

The absence of market research hinders the segmentation and prioritization of general public target audiences. For the present, however, the primary public focus can be defined as adult Canadians.

CDA sources suggest that about 40% of Canadians visit the dentist regularly, 25% consult a dentist in emergencies only, and 35% never consult a dentist.

**o Those who go to the dentist regularly (40%)**

These people have a demonstrated commitment to dental care but currently visit their dentist an average of only once every 12 to 18 months. For proper care, they should be going once every 6 months.

In large part, this sizeable population can be reached directly through the efforts of dentists.

This audience may well be the most direct source of short-term gains in patient visits.

- o Those who would go to the dentist given sufficient reason or opportunity (up to 60%)

Many people don't go to the dentist simply because they don't know why they should. Many others don't have a regular dentist to go to. Others don't even know where to find a dentist. Others still are unaware of the cost-effectiveness of prevention.

Among this group, non-users of dental benefits are a segment worth specific attention. CDA estimates that up to 4.5 million people now covered by dental benefits do not visit a dentist regularly, and so are not availing themselves of a vital health service that would cost them little or nothing.

### **Secondary Target Audiences**

#### **Dental Health-Related Corporations, Organizations, Industries**

This part of the commercial sector has a vested interest in dental health. By targeting aspects of the strategy to this sector, the CDA will be able to motivate them to channel a variety of communication and marketing activities to support the CDA's own program.

There are indications from such organizations as Johnson and Johnson and the Canadian Life and Health Insurance Association that CDA-generated initiatives could receive significant support.

#### **Professional, Public Service, and Government Organizations**

CDA's promotion of dental health can be productively aligned with the programs and/or services of a wide variety of professional groups and organizations. To do so would be to provide CDA with a far broader reach for its program through co-operative, mutually complimentary efforts.

#### **The Media**

The media represent the most extensive (and among the least expensive) system of message delivery to the Canadian public. Dental health, properly promoted and packaged, could gain considerable profile in all media.

OVERALL CDA STRATEGY

The proposed overall CDA strategy is:

To generate and sustain a national communication and marketing program which promotes a preventive orientation to dental health, and showcases the dentist as sole provider of an essential preventive dental health service.

The strategy involves seven key components. In whole, these are designed to allow CDA to meet its objectives in a cost effective manner. The overall strategy requires that CDA:

1. Develop and disseminate practice enhancement resources for CDA members and their staff;
2. Develop, produce, and distribute dental health education resources for the general public;
3. Initiate and maintain an active dental health media/public relations effort;
4. Initiate and coordinate corporate-sponsored communication programs supportive of the CDA's overall objectives;
5. Initiate and manage joint projects to promote dental health with social agencies, organizations, and government bodies;
6. Gather and maintain national market research on both the public and CDA's members;
7. Execute special advertising-driven marketing programs.

Properly executed, this integrated seven-branch program will enable the CDA to marshal considerable marketing and communication resources towards the attainment of its strategic objectives. However, its execution requires a high degree of commitment to each of the seven components -- without such commitment, the ability of the strategy to realize its potential will be severely reduced.

### THE PROGRAM

Each of the seven components in the CDA strategy involves a specific line of ongoing activity. Each has its own individual role to play in the overall strategy, which in turn depends on the precise orchestration of its various components to ensure a logical, consolidated, and productive marketing program.

The following pages outline each of the seven components and their role within the strategy as a whole. Each component requires an ongoing program of marketing and/or communication projects and activities, the most important of which are identified and briefly described.

The list of projects and activities is by no means definitive. The nature and content of these activities may well change in the context of further strategy refinement and budgeting.



## I

PRACTICE ENHANCEMENT

The Practice Enhancement Component is designed to help CDA members and their staff improve patient communication. It works to help members change patients' direct experience of dentistry in order to generate improved patient relations, greater receptivity to the idea of regular visits, and good word of mouth -- the key to new business.

This component focuses on two aspects of communication: marketing skills and patient education. Activities in this area should include:

1) Quarterly Practice Enhancement Supplement to the CDA Journal

The supplement puts practice enhancement in the context of professional activity, and demonstrates the CDA's ongoing commitment to working with its members in this area.

It serves as a clearing-house for information and guidance on how to improve practices through effective communication and promotion of dental health service to patients. As well, it provides promotion for other CDA practice enhancement programs and reports on developments in CDA's overall dental promotion effort.

2) A Recall Program Kit For Receptionists

The effectiveness of an office's recall program has been identified as a key variable in patient bookings. The receptionist has been identified as the individual responsible for it. A receptionist-executed recall program would generate real and immediate results in patient visits.

3) Practice Enhancement Cassette Series For The Dentist

This system for delivering information is a proven success with medical and dental professionals. A limited series of cassettes would focus on relevant practice enhancement issues and provide tips on how best to address them.

4) Practice Enhancement Seminar Program

A training program would be created and managed by CDA and scheduled to facilitate participation by member dentists across the country.

The program would provide a practical education for participants on simple, proven communication and marketing techniques. The seminar would be complimented by a manual for later reference and use.

5) Dental Office Patient Information Program

This program provides CDA members with access to a co-ordinated information package designed to help dentists effectively communicate the prevention orientation of dental health. This could include a poster series for wall display, and a series of low-cost factsheets on a variety of relevant dental health topics.

The actual makeup of such a program should be designed in conjunction with the overall public education program; and after consultation with a representative sample of CDA members and their receptionists to determine what materials would be most practical, manageable, and cost-efficient.



## II PUBLIC EDUCATION

The Public Education Component changes the CDA's current limited public education program into a more aggressive and specifically-targeted effort.

Resources will be created and produced for specific delivery channels. All resources will be presented according to an overall campaign identity and style. The subject and content of specific materials will be determined as part of the development of particular projects. Resources to be created cover a wide range and include publications, graphics, magazine inserts, and film and video programs.

Elements of this component would include:

### 1) Public Education Campaign Strategy

The development of a comprehensive strategy for message delivery, including unifying theme, graphic identity, and style. This style would be applied to all CDA resources intended for the public.

### 2) National Magazine Supplement

Appearing in a national publication such as *Maclean's*, the supplement would serve as a report on the state of dental health in Canada. It would allow CDA to assume leadership in the field and to promote a more informed understanding of the dental health problem and of the dentist's role in addressing it.

### 3) Booklet Program

The current booklet series would be replaced with a new series designed in the style of the overall campaign and appropriate to cost-efficient production and distribution. This series would serve the dentist's patient education efforts, and would also be suitable for use through other distribution channels as they are available.

#### 4) Dental Benefits Awareness Program

Intended to increase awareness and utilization of dental benefits, this program would be delivered to benefit holders through the workplace. Elements of the program will be determined in consultation with employers to ensure ease of distribution. Likely elements are a booklet, poster(s) and articles for employee newsletters.

#### 5) Dental Health Calendar

The functional appeal of a calendar provides the opportunity to give dental health a year-round presence in the home. The calendar would be designed and produced to allow for massive direct distribution to the public. In addition, it would be available to CDA members for distribution to their patients.

#### 6) Poster Series

Posters provide an environmental dimension to dental health promotion. They allow for delivery of both an image and information.

Posters provide dentists with an appealing, free-standing form of patient education. Further distribution potential exists through a variety of channels including schools, hospitals, and recreation centres.

#### 7) Film/Video Program

There is a noticeable lack of Canadian film and video material on dental health. Significant opportunities for exposure of such materials exist in the school and library system, and through community cable programming.

In the first year, the CDA should identify three topics worthy of programs and then have them produced under its auspices. Further programs should be produced as it becomes feasible to do so.

### III MEDIA AND PUBLIC RELATIONS

An active **Media/Public Relations** program can generate significant and valuable exposure for dental health issues, ideas, and developments relevant to the CDA's objectives. Such a program requires an ongoing orientation to the exploitation of such opportunities and the capability to provide effective spokespersons for the CDA itself and for the dental profession.

Activities within this component should include:

#### 1) CDA Media/Public Relations Plan

Such a plan involves the identification of opportunities and management of events for maximum effectiveness. Execution of the plan hinges on the continuous involvement of media/public relations advisors.

#### 2) Media/Speech Training

The success of this program very much depends on the capabilities of the spokespeople chosen for it. Once a core of CDA spokespeople have been identified for the media and for speech-making opportunities, they should receive the highest level of professional training to ensure maximum effectiveness.

#### 3) CDA Briefing Book

A CDA policy book currently exists. It should be revised to serve as an information resource for CDA management, staff and executives. As the strategy progresses, the CDA must be prepared to deal with a variety of questions and issues relevant to its public affairs efforts and to dental health and dentistry in general. The Briefing Book would contain essential background and CDA positions.

#### 4) Media Information Kit

All media relations activity should be supported with prepared information relevant to the preparation of stories, articles, and other coverage. The further the CDA goes in helping the media do their work, the greater the likelihood of generating exposure.

The core content of the kit should consist of information relevant to the overall CDA strategy. This material would be complimented by event-, project-, or issue-specific information and materials.

#### 5) Media Monitoring Program

It is important to be constantly aware of the degree and the nature of media coverage of dental health and dentistry across the country. It is anticipated that with the launch of this strategy the level of coverage will increase significantly.

The monitoring itself would be conducted by an outside agency. The management of the material that comes in would be an internal administrative function. The program will allow CDA to gauge the effectiveness of various public relations efforts and to anticipate and plan for specific issues and opportunities.

#### 6) Media Referral Service

The service is intended to make it easier for media people to reach experts in the dental health field. Again, the easier CDA makes it for the media, the better the chances of getting exposure.

Service delivery involves supplying a CDA receptionist with a directory of experts in various aspects of dental health, broken down by region if possible. Media contacts would be provided with the number to call for specific information.

#### IV CORPORATE SPONSORSHIP

The Corporate Sponsorship Component is a marketing effort aimed directly at corporations and industry associations in dental health and related fields: i.e. suppliers of goods and services to the dental profession itself, and suppliers of goods and services to consumers.

The purpose of this exercise is to marshall promotional and/or marketing resources of these corporations behind the CDA's program. Success in this effort will enable to CDA to execute a vast array of communication and marketing activities at a fraction of their cost.

To ensure that such relationships are appropriate to the CDA, it is essential that sponsorship follows a set of CDA created guidelines which ensure control over content, distribution, corporate identity, and other pivotal issues.

The range of materials and programs that lend themselves to sponsors is broad: pamphlets, posters, and films for the public; professional education and training materials; and programs for CDA members in the area of practice enhancement.

Elements of this component should include:

##### Sponsors Relations Program

The ongoing effort to identify and establish corporate sponsors.

##### CDA Strategy Presentation

A special presentation of the CDA strategy should be prepared for use in the Sponsor Relations Program. Such a presentation would indicate the commitment of CDA, the nature of its approach, and how the corporations could benefit.

### 3) Sponsorship Project Bank

This is geared towards selling corporations specific opportunities to become part of the CDA's marketing program. These opportunities must be presented to corporations in a form they will buy. An inventory of business presentations for priority CDA projects should be developed. When a project is sold, the money invested in the presentation for it can be recovered. The money is then cycled into the development of another sponsorship proposal.



V  
JOINT INITIATIVES

Through **The Joint Initiatives Component** the CDA could work to make dental health a more important part of the established programming of those working in related fields.

Such joint initiatives open up distribution channels for CDA materials to a variety of target audiences and forge links between dental health and other efforts to promote health and well-being.

Elements of this component should include:

1) Joint Initiatives Promotion Program

In the first stages of this strategy, activity in this area would consist of the development of a network of contacts and identifying opportunities that provide mutual benefit, in an effort to promote the importance of improved dental health and to clearly identify the CDA as the leader in the field.

2) Dental Health In Canada Presentation

In aid of the promotion effort, a special presentation should be created for use in all promotional efforts in this component. Unlike the special presentation for corporate sponsors, which stress the business side, this presentation stresses the issue side of the strategy.



## VI MARKET RESEARCH

Reliable Market Research is a key element of a good communication/marketing program. The lack of directly relevant Canadian data places undue limitations on effective planning of a number of marketing activities.

Research should be conducted on both the general public and on CDA members. This initial research should be followed by further studies as and when it becomes necessary to further define marketing opportunities or to evaluate the effectiveness of specific initiatives.

Initial activity in this component should include:

### 1) General Public Study

The study should include both qualitative and quantitative research. For greatest cost efficiency, the quantitative research can be combined with an omnibus poll of the sort conducted by major research firms such as Gallup.

### 2) CDA Members Study

Again, the study should include qualitative and quantitative work. The quantitative study could be effectively conducted through the CDA Journal.

## VII ADVERTISING-DRIVEN MARKETING

While it is premature to define an overall advertising component of the CDA strategy, it is evident that advertising has a distinct and important role to play in building awareness, providing information, and motivating attitudinal and behavioural changes.

Initially, this component would be restricted to highly-focussed advertising conducted in cooperation with provincial associations. It is economically impractical to consider the CDA funding such a program on its own. Activity in this component at this stage should be restricted to the piloting of a single program, **Dial-a-Dentist**

**Dial-a-Dentist** is built around the promotion, on a provincial basis, of the availability of dentists to anyone who does not currently have one. A toll-free phone number is provided. Callers are served by operators who have at their fingertips information sufficient to direct people to a dentist who meets their stated requirements.

This campaign supports the short-term objective of promoting increased business and also delivers an important message about the accessibility of dentists.

The development track for the pilot campaign involves:

- o The solicitation of involvement and cooperation of provincial dental associations;
- o The compilation of sufficient data on a sufficient number of dentists to make the program worthwhile;
- o The development, testing, and production of an appropriate ad campaign;
- o The orientation of participating dentists to the program and their role in it;
- o The training of operators to service calls and the setup of the toll-free number;
- o The placement of the advertising;
- o The monitoring of results.

**BUDGET FRAMEWORK**A CDA Budgeting Strategy

A national communication/marketing program is a major undertaking for any organization. Success depends, in large part, on the program having the necessary funding.

In the case of the CDA marketing program, it has been clear from the outset that the association's capability to completely fund a national program would be limited. And yet, such a program is necessary to meet objectives.

An understanding of this reality informs the strategy and program already described. It informs, as well, the budget framework that follows here.

In the simplest terms, the CDA budget strategy is to do more with less. The net effect of this strategy is to provide CDA with a program that generates a 4:1 leverage for every association dollar spent.

The figures in this budget framework are ballpark estimates only.

## OVERALL BUDGET SUMMARY

| COMPONENT                        | \$ COST<br>(000) | CDA\$<br>(000) | OTHER FUNDING<br>(000;Spons/sales) |
|----------------------------------|------------------|----------------|------------------------------------|
| 1. Practice<br>Enhancement       | 278              | 8              | 270                                |
| 2. Public<br>Education           | 1,000            | 65             | 935                                |
| 3. Media Relations               | 161.5            | 161.5          | nil                                |
| 4. Corporate<br>Sponsorship      | 115              | 35             | 80                                 |
| 5. Joint<br>Initiatives          | 43               | 43             | nil                                |
| 6. Market<br>Research            | 50               | 50             | nil                                |
| 7. Ad-driven<br>Marketing(pilot) | 44               | 28             | 16                                 |
| TOTALS                           | 1,691.5          | 390.5          | 1,301                              |

**BUDGET SUMMARY**  
Practice Enhancement Component

| ACTIVITY                                    | COST<br>(000) | CDA \$<br>(000)      | OTHER FUNDING<br>(000) |
|---------------------------------------------|---------------|----------------------|------------------------|
| 1. Quartlerly Journal Supplement            | 40            | 20                   | 20                     |
| 2. Recall Kit Development                   | 40            | nil                  | 40                     |
| Prod& Fulfill                               | 13            | (2)                  | 15                     |
| 3. Audio Tapes(4) Development               | 40            | nil                  | 40                     |
| Prod&Fulfill                                | 30            | (10)                 | 40                     |
| 4. Patient Info Centre Resource Development |               | -- sponsored --      |                        |
| Prod& Fulfill                               | 50            | nil                  | 50                     |
| 5. Dentist Seminar Development              | 65            | nil                  | 65                     |
| Delivery                                    |               | -- self-sustaining-- |                        |
| <b>TOTALS</b>                               | <b>278</b>    | <b>8</b>             | <b>270</b>             |

**BUDGET SUMMARY**  
**Public Education Component**

| ACTIVITY                              | <u>COST</u><br><u>(000)</u> | <u>CDA \$</u><br><u>(000)</u> | <u>OTHER FUNDING</u><br><u>(000)</u> |
|---------------------------------------|-----------------------------|-------------------------------|--------------------------------------|
| 1.Campaign<br>Strategy                | 25                          | 25                            | nil                                  |
| 2.Magazine<br>Supplement              | 250                         | 25                            | 225                                  |
| 3. Booklet Program<br>(6)             | 120                         | nil                           | 120                                  |
| 4.Benefits Awareness<br>Program       | 130                         | nil                           | 130                                  |
| 5.Dental Health<br>Calendar           | 150                         | 15                            | 135                                  |
| 6. Posters(4)                         | 75                          | nil                           | 75                                   |
| 7.Film/Video Program<br>Production(3) | 250                         | nil                           | 250                                  |
| <b>Totals</b>                         | <b>1,000</b>                | <b>65</b>                     | <b>935</b>                           |

**BUDGET SUMMARY**  
**Media/Public Relations Component**

| <b>ACTIVITY</b>                                       | <b>COST<br/>(000)</b> | <b>CDA \$<br/>(000)</b> | <b>OTHER FUNDING<br/>(000)</b> |
|-------------------------------------------------------|-----------------------|-------------------------|--------------------------------|
| 1. Media/Public Relations<br>Plan(annual)             | 50                    | 50                      |                                |
| 2. Media/Speech<br>Training                           | 45                    | 45                      |                                |
| 3. Briefing Book:<br>Revision &<br>Translation        | 12.5                  | 12.5                    |                                |
| 5. Press Kit<br>(including core mtl's)<br>Development | 28                    | 28                      |                                |
| 6. Media Referral<br>Service:                         | 20                    | 20                      |                                |
| 7. Media Monitoring                                   | 6                     | 6                       |                                |
| <b>TOTALS</b>                                         | <b>161.5</b>          | <b>161.5</b>            |                                |



**BUDGET SUMMARY**  
**Corporate Sponsorship Component**

| <b>ACTIVITY</b>            | <b>COST<br/>(000)</b> | <b>CDA \$<br/>(000)</b> | <b>OTHER FUNDING<br/>(000)</b> |
|----------------------------|-----------------------|-------------------------|--------------------------------|
| 1.Sponsor Relations        | 25                    | 25                      |                                |
| 2.Strategy<br>Presentation | 10                    | 10                      |                                |
| 3.Project Bank             | 80                    | nil                     | 80                             |
| <b>TOTALS</b>              | <b>115</b>            | <b>35</b>               | <b>80</b>                      |

BUDGET SUMMARY  
Joint Initiatives Component

| ACTIVITY               | COST<br>(000) | CDA \$<br>(000) | OTHER FUNDING<br>(000) |
|------------------------|---------------|-----------------|------------------------|
| 1.Promotion<br>Program | 30            | 30              |                        |
| 2.Issue Presentation   | 13            | 13              |                        |
| TOTALS                 | 43            | 43              |                        |

**BUDGET SUMMARY**  
**Market Research Component**

| <b>ACTIVITY</b>                                     | <b>COST<br/>(000)</b> | <b>CDA \$<br/>(000)</b> | <b>OTHER FUNDING<br/>(000)</b> |
|-----------------------------------------------------|-----------------------|-------------------------|--------------------------------|
| 1.Public<br>Qualitative/<br>Quantitative            | 36                    | 36                      |                                |
| 2.CDA Members/staff<br>Qualitative/<br>Quantitative | 10<br>4               | 10<br>4                 |                                |
| <b>TOTALS</b>                                       | <b>50</b>             | <b>50</b>               |                                |

BUDGET SUMMARY  
Ad-Driven Marketing Component (PILOT)

| ACTIVITY                                      | COST<br>(000) | CDA \$<br>(000) | OTHER FUNDING<br>(000) |
|-----------------------------------------------|---------------|-----------------|------------------------|
| 1.Testing:<br>Ads, pre and post<br>monitoring | 10            | 10              |                        |
| 2.Ad Development                              | 8             | 8               |                        |
| 3.Ad placement                                | 25            | 10              | 15                     |
| 4.Toll-free phone<br>(two months)             | 1             | nil             | 1                      |
| TOTALS                                        | 44            | 28              | 16                     |

### CONCLUSION

The proposed strategy provides the CDA with a rational, multi-faceted program for the marketing of dental health and dentistry in Canada.

It puts the CDA in a position to begin working immediately and in a responsible and effective manner towards generating measurable results in terms of dental visits.

It lays the foundation for an integrated marketing/communication program that can lead to the reorientation of Canadians towards personal dental practices and to a new and broader appreciation of the true role of the dentist in dental health.

The promotion of dental health among Canadians is a long-term effort. It will require a sustained commitment from the CDA to educate the public, change attitudes and motivate new and better dental health behaviour. Given such a commitment, the CDA can expect to have a powerful and sustaining impact on the dental health practices of Canadians and on the dental practices of CDA's own members.

## COUNCIL ON INSURANCE & INVESTMENT

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### REPORT TO THE ANNUAL CDA BOARD OF GOVERNORS MEETING SEPTEMBER 1984

**Members: CDSPI Board of Directors**

Dr. G. Anthony, Atlantic Provinces  
Dr. G. F. Copithorne, British Columbia  
Dr. R. Dupont, CDA Representative for Quebec  
Dr. C. R. Hill, Manitoba & Saskatchewan  
Dr. J. C. Giguere, Quebec  
Dr. R. L. Moran, CDA Representative for Ontario  
Dr. R. L. Rasmussen, Alberta, Chairman of the Board  
Dr. R. R. Schieve, Ontario

Dr. W. R. Thompson, CDA Executive Liaison, Alberta

**Members: Management Committee CDSPI**

Dr. J. E. Durrant, President, Hamilton  
Dr. R. L. Moran, Treasurer, Toronto  
Dr. M. D. Charendoff, Secretary, Toronto.

The Board of Directors of CDSPI met on December 10, 1983 in Toronto, April 10 and 11, 1984 in Montreal and June 16, 1984 in Toronto.

#### Items Requiring Board Action

1. Improvements in the Benefit Plans
  - a) Non-smokers rates
  - b) Basic Life maximums
  - c) Dependent Children's Life maximum
  - d) Increase of coverage with no evidence of insurability
2. 1985 General Insurance Renewal
3. Administration of Repeater Deductibles.
4. Benefit Plan Improvements

#### a) Non-Smoker Rates

The Consultants for the Benefit Plans were requested to study the existing premium levels for smokers and non-smokers with the objective being the correct allocation of interest money earned on the "life surplus". Towers, Perrin, Forster and Crosby (the consultants) have reported their findings, and in summary, they have stated that the existing smoker rates are subsidized by the non-smoker rates; therefore, any premium reductions should be applied to the non-smoker rates.

## COUNCIL ON INSURANCE &amp; INVESTMENT

Since the existing Life Plan surplus at December 31, 1983, was approximately \$4,000,000.00, and since the objective of CDIP is to reduce premiums whenever possible, it appears prudent to utilize the interest earned on that surplus to subsidize the non-smoker rates. If the non-smoker rates were reduced by approximately 25% then the annual Life premium earned would be reduced by approximately \$430,000.00, which is comfortably less than the anticipated earned interest on \$4,000,000.00. For purposes of comparison the resultant annual premium rates per \$10,000 of coverage are as follows:

TABLE 1

| <u>Ages</u> | <u>Present<br/>Rates<br/>Non-Smoker</u> | <u>Recommended<br/>Rates<br/>Non-Smoker</u> | <u>Percentage<br/>Improvement</u> |
|-------------|-----------------------------------------|---------------------------------------------|-----------------------------------|
| up to 24    | 8.56                                    | 6.88                                        | 20%                               |
| 25 - 29     | 9.48                                    | 7.40                                        | 22                                |
| 30 - 34     | 10.96                                   | 8.16                                        | 26                                |
| 35 - 39     | 13.48                                   | 9.84                                        | 27                                |
| 40 - 44     | 19.12                                   | 13.80                                       | 28                                |
| 45 - 49     | 30.20                                   | 21.88                                       | 28                                |
| 50 - 54     | 47.20                                   | 34.80                                       | 26                                |
| 55 - 59     | 56.96                                   | 44.36                                       | 22                                |
| 60 - 64     | 99.60                                   | 79.72                                       | 20                                |
| 65 - 69     | 226.80                                  | 184.28                                      | 19                                |
| 70 - 74     | 453.60                                  | 384.32                                      | 15                                |
| 75 - 79     | 907.20                                  | 799.88                                      | 12                                |

## RESOLVED:

- 84.85 THAT the premium rates for non-smokers be reduced as contained in Table 1, such reduction to be funded by the interest earned on the existing life plan surplus and applied to the premium deficit.

ADOPTED



**b) Basic Life Maximum**

Maximum Insurance that is available for Basic Life coverage is \$40,000.00. The Master Agreement provides for a maximum of \$510,000.00 at the option of the CDA. Although there are very few participants who are at the maximum level, there have been a significant number of requests for increased coverage levels for participants over 65 years of age. It is assumed that the Carrier would be agreeable to an increase in the reduction formulas due to age which would be proportionate to the increase from \$410,000.00 to \$510,000.00.

TABLE 2

| <u>Age</u> | <u>Age Reduction Formula<br/>Current Limits</u> | <u>Proposed Limits</u> |
|------------|-------------------------------------------------|------------------------|
| 65 - 69    | \$134,000.00                                    | \$166,000.00           |
| 70 - 74    | 35,000.00                                       | 43,000.00              |
| 75 - 79    | 15,000.00                                       | 18,000.00              |
| 80         | NIL                                             | NIL                    |

(Coverage reduces on the policy anniversary date following the 65th birthday to be the lesser of the above or 50% of coverage being held at the age noted.)

The increase in coverage which would be available to over 65 participants is shown in Table 2.

**RESOLVED:**

**84.86** THAT the maximum insurance for basic life be increased from \$410,000.00 to \$510,000.00 effective January 1, 1985 with the age reduction formula adjusted proportionately as shown in Table 2.

**ADOPTED**

**c) Dependent Children's Life Maximum**

Coverage is presently limited to the amount of \$5,000.00 which does not appear to be a realistic level of coverage.

COUNCIL ON INSURANCE & INVESTMENT

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RESOLVED

- 84.87            THAT the maximum amount of dependent children's life insurance be increased to \$10,000.00 effective January 1, 1985

ADOPTED

d) Increase of Coverage with no Evidence of Insurability

Presently the Life Plan permits entry with no evidence of insurability for amounts up to \$10,000.00 for students or for amounts up to \$75,000.00 for eligible members if application is made within six (6) months of graduation.

The Board of Directors of CDSPI have considered recommendations from our consultants to expand this "no evidence" clause.

RESOLVED:

- 84.88            (A) THAT participants can purchase, without evidence of insurability the lesser of the amount of insurance in force or \$50,000 at the following points in time:

(i) on marriage, common-law marriage would be subject to a "normal" definition (e.g. cohabitation for a period of at least 3 years).

(ii) on the birth or legal adoption of a child.

(iii) on the attainment of age 25, 30, 35, or 40 (provided (i) or (ii) were not elected in the previous 2 years.)

(B) any option must be exercised not more than 60 days later than the event which triggers the option.

COUNCIL ON INSURANCE & INVESTMENT

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84.88 (C) the amount purchased under an option, when added to the existing coverage, cannot be more than the overall maximum permitted under the plan.

(D) the non-evidence purchase option would expire after age 40.

ADOPTED

5. 1985 General Insurance Renewal

As a result of the concerted efforts of the CDSPI and our new Broker-Consultant, F. W. Clancy & Son Ltd., the following benefits are provided at NO additional premium.

- A. Radioactive Contamination Endorsement
- B. Fire Department Charges
- C. Deletion of Co-Insurance Clauses
- D. Mechanical Breakdown of Equipment
- E. Mass Evacuation Endorsement
- F. Broad definition of Flood and Earthquake
- G. Plate Glass - subject to certain deductibles
- H. Off-Premises Heat, Power, and Water Supply Protection

In addition to the above, the coverage for the following has been doubled at NO additional premium: valuable papers, extra expense, money and securities and accounts receivable and rental value.

Further, the amount of coverage available under the Comprehensive General Liability section has been increased (an additional premium will be required) and will provide options of the basic \$1,000,000., \$2,000,000., or \$3,000,000.

With regard to the Malpractice coverage, the Carrier has agreed to an approximately 8% reduction in the gross premium which is a reversal of the past three years.

## COUNCIL ON INSURANCE &amp; INVESTMENT

TABLE 3  
PROPOSED RATE SCHEDULE FOR 1985

| <u>Office<br/>Contents</u>                        | <u>Current Rates<br/>Guardian</u> |        | <u>Proposed Rates<br/>Guardian</u> |        |
|---------------------------------------------------|-----------------------------------|--------|------------------------------------|--------|
|                                                   | Net                               | Gross  | Net                                | Gross  |
|                                                   | per provincial<br>schedules       |        | no change                          |        |
| <u>Business<br/>Interruption</u><br>(per \$1,000) | 2.05                              | 2.36   | 2.05                               | 2.36   |
| <u>CGL</u><br>(per \$1,000,000)                   | 63.55                             | 73.08  | 63.48                              | 73.00  |
| (per \$2,000,000)                                 | not available                     |        | 69.57                              | 80.00  |
| (per \$3,000,000)                                 | not available                     |        | 78.26                              | 90.00  |
| <u>Malpractice</u><br>(per \$1,000,000)           | 313.00                            | 360.00 | 289.00                             | 332.00 |
| (per \$2,000,000)                                 | 339.00                            | 390.00 | 315.00                             | 362.00 |
| <u>Auxiliaries</u><br>(per \$500,000)             | 12.03                             | 13.84  | 12.03                              | 13.84  |
| (per \$1,000,000)                                 | 16.87                             | 19.40  | 16.87                              | 19.40  |

Please note - (Net + 15% = gross)

## RESOLVED:

84.89

THAT the Guardian Insurance Company  
 be confirmed as the carrier for the 1985  
 general insurance contract, with the  
 coverages and premiums as recorded in  
 Table 3.

ADOPTED

COUNCIL ON INSURANCE & INVESTMENT

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6. Administration of the Repeater Deductible

Concerns have been expressed regarding the implementation of the Repeater Deductible clause in the 1984 General Insurance contract.

To summarize how the procedure will be administered:

1. Guardian's computer will classify all claims in a way which permits a quarterly report to be produced on anyone having three or more claims.
2. The third claim will be marked showing the requirement of a deductible; the insured will be advised by letter with a copy to the consultant and CDSPI.
3. The insurer will come to CDSPI when the third claim report is produced, prior to sending of letter to insured. They will provide an outline of the claims to date and receive CDSPI's opinion on application of deductible. If warranted, #2 then takes place.
4. When the claim is settled, that is the third and subsequent claims, the cross reference will be referred to and the claims will then be pulled from the files, and if still outstanding with an anticipated payment to be made, the deductible will be applied to the settlement in the normal way. If the prior claims have been settled "no claim" the deductible will be deleted from the third file and marked to any subsequent claim if applicable.
5. An ongoing update will be continued in the next quarterly report.

CDSPI's Board of Directors reviewed this procedure and felt that it was a fair and reasonable method.

It was also noted that the insurance company proposes that the Management Committee of CDSPI become the "peer review" at CDSPI regarding this procedure.

COUNCIL ON INSURANCE & INVESTMENT

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RESOLVED:

- 84.90           **THAT the CDSPI Management Committee provide opinions when requested by Guardian in order that the repeater deductible provision of the Malpractice Program can be administered.**

ADOPTED

Items for Information - Not Requiring Board Action

7. Loss Prevention (Malpractice Program)

At the time of writing this report (June 9/84) it is almost one year since the Loss Prevention Seminar was held in Toronto on June 24, 1983. Since that time, information has been obtained from various sources, but, in particular, from the California Dental Association and the American Dental Association. The news sheet entitled "Why Dentists Get Sued" is a distillation of that information and is being distributed to all participants in our general program.

The statistical information that needs to be acquired in order to focus on problem areas is in the process of accumulation. Malpractice claims, by cause, are displayed in Appendix 1.

Appendix 1

Analysis of these claims will probably result in a recommendation regarding CDIP's responsibility for "remedial dentistry".

Actuarial Audit of CDIP

The Directors and Management Committee of Canadian Dental Service Plans Inc. requested TPF&C to conduct an actuarial audit of the Canadian Dental Association Insurance Plan which is underwritten by Imperial Life. A previous audit of the Plan was conducted by TPF&C in May, 1983.

COUNCIL ON INSURANCE & INVESTMENT

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The terms of reference of the present audit were as follows:

to examine the insurer's calculations of all retained expenses and charges to ensure that they agree with the retention agreement between the CDA and Imperial Life.

to verify the interest calculations for accuracy;

to hold discussions with Imperial Life representatives in order to determine the actual changes which have been made to the reserve bases since the previous audit. Recommendations would be made regarding further changes, if any, that should be made to the reserve bases;

to analyze past financial experience to ensure that the on-going premium rates are established at levels which are appropriate for the risk assumed by the underwriter and attractive to the CDA and the participating members of the Plan. Since rates have been established for the 1984 year, particular emphasis was to be given to experience trends and the likely impact of such trends on rates used in 1985;

to analyze the appropriateness of the contingency and surplus funds held by Imperial Life, and the effect that funds could have on premium rates to be used in the future;

to verify Imperial Life's calculations regarding pooled/retention premium adjustments.



COUNCIL ON INSURANCE & INVESTMENT

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As a result of the conduct of this audit, the Life and Long Term Disability plans received positive adjustments which are summarized on pages 1 and 2 of Appendix 2. The conclusions of the Audit are summarized as Appendix 3.

Appendix 2  
Appendix 3

8. Participation Agreement

As of the date of this report, CDSPI is awaiting the results of Dr. Hicks' letter to plan co-sponsors regarding this topic.

We might mention that at the Alberta Convention in June 1984, Tom Richards of T.N. Richards and Associates Ltd. was permitted, as an agent selling AETNA income disability programs, to have a booth three away from ours and compete against CDIP. This is an illustration of why the current agreement is so crucial to the Plans.

9. Loss Settlement under Malpractice Contract

CDSPI has completed a review of the current Malpractice Contract as it relates to the "Loss Settlement" provision.

The wording currently used is:

"...The insurer shall not admit liability on behalf of the insured without consent of the insured."

What in effect this section of the contract does, is leave the onus of liability with the dentist, but the control of the dollar quantity with the insurer.

Our consultant confirms this is standard wording in the insurance industry for this type of coverage and in their opinion gives better protection to the CDA and the Plan by preventing a "blank cheque" situation from developing, where on principle alone, an insured decides to proceed in the fighting of a claim which should be settled.

The CDSPI Directors agree with the current contract wording and interpretation.

10. Annual Meeting - CDSPI

This meeting is scheduled to follow immediately after conclusion of the CDA annual meeting.

CDA RSP

Participation in the various investment options showed a marked increase after all contributions were recorded up to the end of February. The stats speak for themselves.

Appendix 4  
Appendix 5

COUNCIL ON INSURANCE & INVESTMENT

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The CDSPI has also considered the areas of retirement counselling and annuities as possible additional services. At the Directors' direction we are working on a program to provide these valuable services to CDSPI participants, in the very near future. We will report in further depth on this project in a future report.

11. Graduate Package

Enrollment in the 1984 No Cost Graduate Insurance Program has progressed very well this year. 100% participation is reported from the:

University of British Columbia  
University of Alberta  
University of Saskatchewan

On a national basis, enrollment stood at 85.5% of the eligible on June 1st.

Appendix 6

12. Undergraduate Package

Discussions took place in April with the Council on Student Affairs regarding communication objectives for the 1984/85 academic year.

Members of Council were concerned about the risk of accidental injuries and/or dismemberment to students particularly during the summer when a good number of them work in construction or other occupations with a high accident rate.

It was decided to place emphasis on the Accidental Death and Dismemberment Insurance Plan in the promotion material to be distributed to undergraduates this fall.

CDSPI will work closely with the CDA in the development of membership brochures and other material.

13. Benefit Committee Chairmen Meeting

This meeting of the Provincial Benefit Chairmen is taking place at the same time as this report is being considered. The agenda for that meeting will be distributed at the CDA annual meeting for your information.

Respectfully submitted,

J. E. Durran, D.D.S.,  
Chairman  
Council on Insurance  
and Investment

ADPTION OF REPORT:

The Board of Governors accepts the Report of Council on Insurance and Investment with appreciation.

## APPENDIX 1

## MALPRACTICE CLAIMS ANALYSIS --- STATISTICS BY CAUSE BY PROVINCE

PERIOD: JANUARY 1, 1984 - APRIL 30, 1984PRIMARY CAUSE\*

## PROVINCE

|    |                                                                           | BC | ABT | SASK | MB | PO | NB | NS | PEI | NFLD | TOTAL |
|----|---------------------------------------------------------------------------|----|-----|------|----|----|----|----|-----|------|-------|
| 01 | <input type="checkbox"/> Untoward reaction to drugs or anaesthetics       |    |     |      |    | 2  |    |    |     |      | 2     |
| 02 | <input type="checkbox"/> Anaesthetic accident resulting in incapacitation |    |     |      |    | 1  |    |    |     |      | 1     |
| 03 | <input type="checkbox"/> Anaes. accident - death                          |    |     |      |    | 1  |    |    |     |      | 1     |
| 04 | <input type="checkbox"/> Extraction wrong/extra tooth/teeth               |    |     |      |    |    |    | 1  |     |      | 1     |
| 05 | <input type="checkbox"/> Failure to diagnose or treat                     | 1  |     |      |    | 1  |    | 1  |     |      | 3     |
| 06 | <input type="checkbox"/> Fracture of mandible                             |    |     |      |    |    |    |    |     |      |       |
| 07 | <input type="checkbox"/> Ingestion of instrument/material                 |    |     |      |    |    |    |    |     |      |       |
| 08 | <input type="checkbox"/> Inhalation of instrument/material                |    |     |      |    | 2  |    |    |     |      | 2     |
|    | <input type="checkbox"/> Instrument breakage tooth/tissue.                |    | 1   |      |    | 1  |    |    |     | 1    | 3     |
|    | <input type="checkbox"/> Parasthesia - following surgery                  | 2  |     | 1    |    | 3  |    |    |     |      | 6     |
| 11 | <input type="checkbox"/> Parasthesia - following injection                |    |     |      |    | 3  |    |    |     |      | 3     |
| 12 | <input type="checkbox"/> Perforation of sinus                             |    |     |      | 1  |    |    |    |     |      | 1     |
| 13 | <input type="checkbox"/> Roots not removed                                |    |     |      |    | 1  |    |    |     |      | 1     |
| 14 | <input type="checkbox"/> Soft tissue trauma                               | 1  |     |      |    |    |    |    |     |      | 1     |
| 15 | <input type="checkbox"/> Trismus                                          |    |     |      | 2  |    |    |    |     |      | 2     |
| 16 | <input type="checkbox"/> Unsatisfactory dentures                          | 2  |     |      | 1  |    |    | 1  |     |      | 4     |
| 17 | <input type="checkbox"/> Unsatisfactory fixed bridge(s)                   | 10 | 3   |      |    | 7  |    | 1  |     |      | 21    |
| 18 | <input type="checkbox"/> Unsatisfactory operative                         |    |     |      |    |    |    |    |     |      |       |
| 19 | <input type="checkbox"/> Unsatisfactory orthodontics                      | 3  |     |      |    |    |    |    |     |      | 3     |
| 20 | <input type="checkbox"/> Unsatisfactory periodontics                      | 1  |     |      |    | 1  |    |    |     |      | 2     |
| 21 | <input type="checkbox"/> Unsatisfactory endodontics                       | 2  | 1   |      |    | 2  |    |    |     |      | 5     |
| 22 | <input type="checkbox"/> Unsatisfactory oral surgery                      | 2  |     |      |    |    |    | 1  |     |      | 3     |
| 23 | <input type="checkbox"/> Treatment wrong tooth                            | 1  | 1   |      |    | 2  |    |    |     |      | 4     |
| 24 | <input type="checkbox"/> Fracture of tooth                                |    |     |      |    | 2  |    |    |     |      | 2     |
|    | <input type="checkbox"/> Death following/during treatment                 |    |     |      |    |    |    |    |     |      |       |
| 26 | <input type="checkbox"/> Untoward reaction to treatment                   |    |     |      |    | 1  |    |    |     |      | 1     |
| 27 | <input type="checkbox"/> Unsatisfactory implant(s)                        |    | 1   |      |    |    |    | 1  |     |      | 2     |
|    |                                                                           | 1  | 2   |      | 1  | 2  |    |    |     |      | 6     |
| 28 | <input type="checkbox"/> Other (explain)                                  |    |     |      |    |    |    |    |     |      |       |
|    | TOTAL                                                                     | 26 | 9   | 1    | 5  | 32 | -  | 6  | -   | 1    | 80    |

SUMMARY OF ACTUARIAL LIABILITY,  
RATE STABILIZATION RESERVE & SURPLUS ADJUSTMENTS

1. LIFE INSURANCE

| Source                        | Actuarial<br>Liability | R.S.R.   | Surplus        |
|-------------------------------|------------------------|----------|----------------|
| (a) 1983 Interest Credits     | --                     | --       | + 3,000        |
| (b) Level Premium Reserve     | -115,000*              | --       | +115,000*      |
| (c) Disability waiver reserve | -175,000(est.)         | --       | +175,000(est.) |
| (d) Release of IBNR           | -276,000               | --       | +276,000       |
| (e) RSR restatement           | --                     | -120,000 | +120,000       |
| (f) Pooled premium correction | --                     | --       | -152,000       |
| TOTAL ADJUSTMENT              | -451,000               | -120,000 | +422,000       |

\* Adjustment included in 1983 Imperial Life report.

| RESTATED PLAN RESERVES    |                        |           |
|---------------------------|------------------------|-----------|
|                           | Actuarial<br>Liability | R.S.R.    |
| 1983 Imperial Life report | 1,522,000              | 921,000   |
| Restatement               | 1,071,000              | 801,000   |
|                           |                        | 3,988,000 |
|                           |                        | 4,410,000 |

SUMMARY OF ACTUARIAL LIABILITY,  
 RATE STABILIZATION RESERVE & SURPLUS ADJUSTMENTS  
 (Continued)

2. LTD & OFFICE OVERHEAD INSURANCE

| Source                                              | Actuarial<br>Liability | R.S.R.    | Surplus     |
|-----------------------------------------------------|------------------------|-----------|-------------|
| (a) 1983 Retention charges                          | --                     | --        | + 24,000    |
| (b) Release of IBNR                                 | - 1,057,000            | --        | + 1,057,000 |
| (c) Cost of living reserve                          | + 225,000*             | --        | - 225,000*  |
| (d) RSR restatement                                 | --                     | - 345,000 | + 345,000   |
| TOTAL ADJUSTMENT                                    | - 1,057,000            | - 345,000 | + 1,426,000 |
| * Adjustment included in 1983 Imperial Life report. |                        |           |             |

RESTATED PLAN RESERVES

|                           | Actuarial<br>Liability | R.S.R.    | Surplus   |
|---------------------------|------------------------|-----------|-----------|
| 1983 Imperial Life report | 8,617,000              | 2,643,000 | 381,000   |
| Restatement               | 7,560,000              | 2,298,000 | 1,807,000 |

CONCLUSIONS

Following is a summary of our conclusions from the analyses discussed in Section II of the report:

1. Retention expenses that were charged in 1983 were in accordance with the agreements, with the exception that contingency charges of approximately \$24,000 (after associated interest credits) should be removed.
2. Interest calculations were verified, with the exception that interest credits of approximately \$3,000 on one death claim should be added.
3. Imperial Life has decreased, or will be decreasing, a number of required reserves under the Plans. These changes will significantly increase the surplus levels under the Plans.
4. Life insurance premiums contain a margin equal to about 9% of premium, but this margin should be retained as a buffer against future contingencies. The margin should be removed, however, in the pooled premiums paid to Imperial Life. The Disability premium rate structure is deficient by approximately 6% to 9%, given a continuation of recent experience. Disability rates need not be adjusted immediately due to the existence of the Rate Stabilization Reserve and Surplus, but should be reviewed within the next two or three years given a continuation of the unfavourable claims experience.
5. Rate Stabilization Reserves are at appropriate levels, after a restatement to such reserves because Imperial Life did not apply the reserve formula correctly. Interest earned on the substantial Life Surplus should be applied to implement lower non-smoker premium rates.
6. Imperial Life calculations for the pooling/retention premium adjustments for the 1981 and 1982 years were verified.

CDA RSPPLAN GROWTHPLAN YEARS 1983, 1982, 1981, 1980

|                         | <u>1983</u>         | <u>1982</u>           | <u>1981</u>           | <u>1980</u>           |
|-------------------------|---------------------|-----------------------|-----------------------|-----------------------|
| New Accounts            | <u>264</u>          | <u>88</u>             | <u>72</u>             | <u>131</u>            |
| <u>Contributions</u>    |                     |                       |                       |                       |
| Fixed Income            | \$ 661,158          | \$ 208,487            | \$ 127,803            | \$ 233,300            |
| Equity                  | 1,204,100           | 598,536               | 399,466               | 877,101               |
| Money Market            | 633,490             | 476,719               | 555,809               | 604,500               |
| Balanced                | <u>508,859</u>      | <u>87,558</u>         | <u>84,262</u>         | <u>190,426</u>        |
| <u>Total</u>            | <u>\$ 3,007,607</u> | <u>\$ 1,371,300</u>   | <u>\$ 1,167,340</u>   | <u>\$ 1,905,327</u>   |
| <u>Transfers-In</u>     | <u>760,535</u>      | <u>81,354</u>         | <u>85,793</u>         | <u>263,071</u>        |
| <u>De-Registrations</u> |                     |                       |                       |                       |
| No. Accounts            | <u>115</u>          | <u>150</u>            | <u>254</u>            | <u>312</u>            |
| Amount                  | <u>2,717,375</u>    | <u>3,630,144</u>      | <u>5,231,753</u>      | <u>5,921,203</u>      |
| <u>Net Gain/(Loss)</u>  |                     |                       |                       |                       |
| No. Accounts            | <u>149</u>          | <u>(62)</u>           | <u>(182)</u>          | <u>(181)</u>          |
| Amount                  | \$ <u>290,232</u>   | \$ <u>(2,258,844)</u> | \$ <u>(4,064,413)</u> | \$ <u>(4,015,876)</u> |
| <u>Total Accounts</u>   | <u>1,137</u>        | <u>1,168</u>          | <u>1,230</u>          | <u>1,412</u>          |



CDA RSP  
UNIT VALUES BY COMPARISON / BY FUND  
BY QUARTER 1979-1983

Appendix 5

|             | <u>FIXED INCOME</u> | <u>EQUITY</u>  | <u>MONEY MARKET</u> | <u>BALANCED</u> |
|-------------|---------------------|----------------|---------------------|-----------------|
| <u>1983</u> |                     |                |                     |                 |
| Dec.        | 37.9570             | 78.6677        | 27.5084             | 15.6201         |
| Sept.       | 36.9018             | 75.4009        | 26.8958             | 15.3238         |
| June        | 36.3554             | 72.7051        | 26.3172             | 15.0072         |
| March       |                     |                |                     |                 |
| <u>1982</u> |                     |                |                     |                 |
| Dec.        | 33.8400             | 62.1959        | 25.1782             | 12.8708         |
| Sept.       | 30.8289             | 51.7628        | 24.4771             | 11.2069         |
| June        | 27.5030             | 43.9638        | 23.6059             | 10.0088         |
| March       |                     |                |                     |                 |
| <u>1981</u> |                     |                |                     |                 |
| Dec.        | 26.1207             | 52.7617        | 22.0234             | 11.9036         |
| Sept.       | 22.8246             | 49.3506        | 21.1725             | 11.2310         |
| June        | 23.8470             | 55.9843        | 20.3248             | 12.9493         |
| March       | 24.2397             | 58.0012        | 19.5947             | 13.3617         |
| <u>1980</u> |                     |                |                     |                 |
| Dec.        | 24.0628             | 54.8689        | 18.9542             | 12.7662         |
| Sept.       | 23.2074             | 52.8656        | 18.4076             | 12.1573         |
| June        | 24.0124             | 49.6674        | 17.8116             | 11.9093         |
| March       | 21.4624             | 43.1599        | 17.2893             | 10.8525         |
| <u>1979</u> |                     |                |                     |                 |
| Dec.        | 22.2753             | 44.8935        | 16.8126             | 11.6396         |
| Sept.       | 22.3609             | 45.3577        | 16.3327             | 12.0960         |
| June        | 22.7082             | 44.0024        | 15.9586             | 12.0870         |
| March       | 22.0637             | 41.1332        | 15.5978             | 11.6592         |
| 5 Year      |                     |                |                     |                 |
| Unit Growth | <u>70.40%</u>       | <u>75.23%</u>  | <u>63.62%</u>       | <u>34.20%</u>   |
| 10 Year *   |                     |                |                     |                 |
| Unit Growth | <u>167.06%</u>      | <u>163.38%</u> | <u>159.71%</u>      | <u>*56.20%</u>  |

\* ONLY AVAILABLE FROM JANUARY 31, 1978

NO COST GRADUATE INSURANCE - 1984Enrollment To-Date Compared to Previous Years

| <u>University</u> | <u>1981 %</u> | <u>1982 %</u> | <u>1983 %</u> | 1984            |                 |             |
|-------------------|---------------|---------------|---------------|-----------------|-----------------|-------------|
|                   |               |               |               | <u>Eligible</u> | <u>Enrolled</u> | <u>%</u>    |
| U. B.C.           | 92            | 100           | 83.3          | 28              | 28              | 100         |
| U. of A.          | 95            | 100           | 100           | 42              | 42              | 100         |
| U. of S.          | 94            | 100           | 100           | 22              | 22              | 100         |
| U. of Man.        | 95            | 100           | 94.4          | 23              | 21              | 91.3        |
| Western           | 63            | 80            | 94.2          | 54              | 47              | 87          |
| U. of T.          | 86            | 83.5          | 83.5          | 103             | 81              | 78.6        |
| McGill            | 84            | 100           | 72.9          | 36              | 31              | 86.1        |
| U. of Mtl         | 78            | 94.4          | 89.6          | 58              | 40              | 74.1        |
| Laval             | 87            | 87            | 100           | 24              | 21              | 87.5        |
| Dalhousie         | <u>85</u>     | <u>95.5</u>   | <u>100</u>    | <u>18</u>       | <u>16</u>       | <u>88.9</u> |
|                   | 83.7          | 91.2          | 89.6          | 408             | 349             | 85.5        |

CANADIAN DENTAL ASSOCIATION  
RETIREMENT SAVINGS PLAN

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FINANCIAL STATEMENTS  
MAY 31, 1984

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|                                         |        |
|-----------------------------------------|--------|
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**CLARKE, HENNING & CO.**

**CHARTERED ACCOUNTANTS**

44 VICTORIA STREET,  
TORONTO, ONTARIO  
M5C 1Y3

**AUDITORS' REPORT**

TO THE BOARD OF DIRECTORS OF THE CANADIAN DENTAL ASSOCIATION  
TRUSTEES FOR THE PARTICIPANTS IN THE CANADIAN DENTAL ASSOCIATION  
RETIREMENT SAVINGS PLAN

We have examined the statement of financial position of the Canadian Dental Association Retirement Savings Plan as at May 31, 1984 and the statements of income and changes in net assets for the period then ended. Our examination was made in accordance with generally accepted auditing standards, and accordingly included such tests and other procedures as we considered necessary in the circumstances.

In our opinion, these financial statements present fairly the financial position and investment portfolios of the Plan as at May 31, 1984 and the results of its operations and the changes in its net assets for the period then ended in accordance with generally accepted accounting principles applied on a basis consistent with that of the preceding year.

The financial statements as at February 28, 1983 were prepared without audit.

  
CLARKE, HENNING & CO.  
CHARTERED ACCOUNTANTS

Toronto, Ontario  
July 17, 1984

CANADIAN DENTAL ASSOCIATION  
RETIREMENT SAVINGS PLAN  
STATEMENT OF FINANCIAL POSITION  
AS AT MAY 31, 1984

February 28,  
1983  
(Unaudited)

1984

February 28,  
1983  
(Unaudited)

1984

ASSETS

PARTICIPANTS' INTEREST

FIXED INCOME FUND

FIXED INCOME FUND

Investments, at market value  
Bond fund units.....  
Mortgage fund units.....  
Cash and short-term deposits.....

\$ 7,582,389  
2,526,520  
3,579,059  
(147,195)  
9,961,714

\$ 9,961,714

\$ 9,418,370

COMMON STOCK (EQUITY) FUND

COMMON STOCK (EQUITY) FUND

Investments, at market value  
Common stocks.....  
Bonds and debentures.....  
Cash and short-term deposits.....  
Accrued interest and dividend.....

14,885,964  
-  
1,586,213  
71,841  
15,103,666

16,544,018

15,103,666

MONEY MARKET FUND

MONEY MARKET FUND

Investments, at market value  
Money market fund units.....  
Bonds.....  
Cash and short-term deposits.....  
Accrued interest.....

9,376,302  
800,000  
25,571  
23,002  
10,414,321

10,414,321

9,671,430

BALANCED FUND

BALANCED FUND

Investments, at market value  
Diversified fund units.....  
Common stocks.....  
Bonds.....  
Mortgages.....  
Cash and short-term deposits.....  
Accrued interest.....

1,577,864  
-  
-  
77,612  
403,967  
206,867  
1,092  
1,785,823

1,785,823

1,116,106

TOTAL ASSETS OF THE PLAN

TOTAL PARTICIPANTS' INTEREST

\$38,705,876

\$38,705,876

\$35,309,572

APPROVED ON BEHALF OF CANADIAN DENTAL ASSOCIATION

Governor

Governor

CANADIAN DENTAL ASSOCIATION  
RETIREMENT SAVINGS PLAN

STATEMENT OF INCOME  
FOR THE PERIOD FROM MARCH 1, 1983 TO MAY 31, 1984

Fifteen Months  
From March 1,  
1983 To May 31,  
1984

|                                     |                   |
|-------------------------------------|-------------------|
| <u>FIXED INCOME FUND</u>            |                   |
| Income                              |                   |
| Interest - Bonds.....               | \$ 164,897        |
| - Mortgages.....                    | 92,630            |
| - Cash and short-term deposits..... | 33,729            |
| Profit on sale of investments.....  | 61,795            |
|                                     | <u>353,051</u>    |
| Expenses                            |                   |
| Administration fees.....            | 61,849            |
| Other.....                          | 10,251            |
|                                     | <u>72,100</u>     |
| Net Income.....                     | <u>\$ 280,951</u> |

|                                      |                   |
|--------------------------------------|-------------------|
| <u>COMMON STOCK (EQUITY) FUND</u>    |                   |
| Income                               |                   |
| Dividends.....                       | \$ 629,614        |
| Interest - Bonds and debentures..... | 61,144            |
| - Cash and short-term deposits.....  | 210,622           |
| Profit on sale of investments.....   | 61,991            |
|                                      | <u>963,371</u>    |
| Expenses                             |                   |
| Administration fees.....             | 106,534           |
| Other.....                           | 17,761            |
|                                      | <u>124,295</u>    |
| Net Income.....                      | <u>\$ 839,076</u> |

|                                     |                   |
|-------------------------------------|-------------------|
| <u>MONEY MARKET FUND</u>            |                   |
| Income                              |                   |
| Interest - Bonds.....               | \$ 325,560        |
| - Cash and short-term deposits..... | 39,021            |
| Profit on sale of investments.....  | 24,442            |
|                                     | <u>389,023</u>    |
| Expenses                            |                   |
| Administration fees.....            | 63,413            |
| Other.....                          | 10,248            |
|                                     | <u>73,661</u>     |
| Net Income.....                     | <u>\$ 315,362</u> |

|                                     |                  |
|-------------------------------------|------------------|
| <u>BALANCED FUND</u>                |                  |
| Income                              |                  |
| Dividends.....                      | \$ 3,731         |
| Interest - Bonds.....               | 5,926            |
| - Mortgages.....                    | 10,057           |
| - Cash and short-term deposits..... | 9,435            |
| Profit on sale of investments.....  | 24,599           |
|                                     | <u>53,748</u>    |
| Expenses                            |                  |
| Administration fees.....            | 8,381            |
| Other.....                          | 1,316            |
|                                     | <u>9,697</u>     |
| Net Income.....                     | <u>\$ 44,051</u> |

CANADIAN DENTAL ASSOCIATION  
RETIREMENT SAVINGS PLAN

STATEMENT OF CHANGES IN NET ASSETS  
FOR THE PERIOD FROM MARCH 1, 1983 TO MAY 31, 1984

Fifteen Months  
From March 1,  
1983 To May 31,  
1984

FIXED INCOME FUND

|                                                        |                     |
|--------------------------------------------------------|---------------------|
| Net deposits (redemptions).....                        | \$ (286,040)        |
| Net income.....                                        | 280,951             |
| Changes in market value of investments.....            | 548,433             |
| Increase in net assets.....                            | <u>543,344</u>      |
| Net assets at beginning of period, at market value.... | 9,418,370           |
| Net assets at end of period, at market value.....      | <u>\$ 9,961,714</u> |
| Unit value                                             | <u>\$ 37.98317</u>  |

COMMON STOCK (EQUITY) FUND

|                                                        |                     |
|--------------------------------------------------------|---------------------|
| Net deposits (redemptions).....                        | \$ (190,360)        |
| Net income.....                                        | 839,076             |
| Changes in market value of investments.....            | 791,636             |
| Increase in net assets.....                            | <u>1,440,352</u>    |
| Net assets at beginning of period, at market value.... | 15,103,666          |
| Net assets at end of period, at market value.....      | <u>\$16,544,018</u> |
| Unit value                                             | <u>\$ 72.66692</u>  |

MONEY MARKET FUND

|                                                        |                     |
|--------------------------------------------------------|---------------------|
| Net deposits (redemptions).....                        | \$ (350,332)        |
| Net income.....                                        | 315,362             |
| Change in market value of investments.....             | 777,861             |
| Increase in net assets.....                            | <u>742,891</u>      |
| Net assets at beginning of period, at market value.... | 9,671,430           |
| Net assets at end of period, at market value.....      | <u>\$10,414,321</u> |
| Unit value                                             | <u>\$ 28.57212</u>  |

BALANCED FUND

|                                                        |                     |
|--------------------------------------------------------|---------------------|
| Net deposits (redemptions).....                        | \$ 554,269          |
| Net income.....                                        | 44,051              |
| Change in market value of investments.....             | 71,397              |
| Increase in net assets.....                            | <u>669,717</u>      |
| Net assets at beginning of period, at market value.... | 1,116,106           |
| Net assets at end of period, at market value.....      | <u>\$ 1,785,823</u> |
| Unit value                                             | <u>\$ 14.98890</u>  |



CANADIAN DENTAL ASSOCIATION  
RETIREMENT SAVINGS PLAN

INVESTMENT PORTFOLIOS  
AS AT MAY 31, 1984

FIXED INCOME FUND

| <u>Units</u>                      | <u>No. of Units</u> | <u>Average Cost</u> | <u>Market Value</u> |
|-----------------------------------|---------------------|---------------------|---------------------|
| Imperial Life Bond Fund Units     | 140,770.164         | \$ 7,288,384        | \$ 7,582,389        |
| Imperial Life Mortgage Fund Units | 58,223.43           | 2,300,000           | 2,526,520           |
|                                   |                     | <u>\$ 9,588,384</u> | <u>\$10,108,909</u> |

COMMON STOCK (EQUITY) FUND

| <u>Canadian Equities</u>                                | <u>No. of Shares</u> | <u>Average Cost</u> | <u>Market Value</u> |
|---------------------------------------------------------|----------------------|---------------------|---------------------|
| <u>Metals and Minerals</u>                              |                      |                     |                     |
| Alcan Alum. Ltd.                                        | 24,354               | \$ 608,002          | \$ 919,364          |
| Brunswick Mining & Smelting                             | 36,000               | 364,062             | 589,500             |
| Denison Mines Ltd. Class B                              | 8,500                | 125,978             | 141,313             |
| Denison Mines Ltd. Class A                              | 8,500                | 125,978             | 155,125             |
|                                                         |                      | <u>1,224,020</u>    | <u>1,805,302</u>    |
| <u>Golds</u>                                            |                      |                     |                     |
| Echo Bay Mines                                          | 25,200               | 322,161             | 289,800             |
| Lac Minerals Ltd.                                       | 8,000                | 304,210             | 258,000             |
|                                                         |                      | <u>626,371</u>      | <u>547,800</u>      |
| <u>Oil and Gas</u>                                      |                      |                     |                     |
| Bow Valley Inds Ltd.                                    | 20,000               | 353,872             | 472,500             |
| Gulf Canada Ltd.                                        | 37,000               | 587,756             | 647,500             |
| Norcen Energy Resources                                 | 13,000               | 167,754             | 227,500             |
| Norcen Energy Resources Class A<br>ordinary, non-voting | 13,000               | 167,754             | 212,875             |
|                                                         |                      | <u>1,277,136</u>    | <u>1,560,375</u>    |
| <u>Paper and Forest Products</u>                        |                      |                     |                     |
| Canfor Corp.                                            | 11,000               | 248,600             | 182,875             |
|                                                         |                      | <u>248,600</u>      | <u>182,875</u>      |
| <u>Consumer Products</u>                                |                      |                     |                     |
| Hiram Walker Resources<br>conv., pref. 7.5%             | 11,000               | 222,080             | 259,875             |
| Magna Int'l. Inc. Class A                               | 16,700               | 197,895             | 254,675             |
| Seagram Ltd.                                            | 16,500               | 362,678             | 695,063             |
| George Weston Ltd.                                      | 10,000               | 551,000             | 671,250             |
|                                                         |                      | <u>1,333,653</u>    | <u>1,880,863</u>    |

CANADIAN DENTAL ASSOCIATION  
RETIREMENT SAVINGS PLAN

INVESTMENT PORTFOLIOS  
AS AT MAY 31, 1984

COMMON STOCK (EQUITY) FUND - Continued

| <u>Canadian Equities</u>                | <u>No. of Shares</u> | <u>Average Cost</u> | <u>Market Value</u> |
|-----------------------------------------|----------------------|---------------------|---------------------|
| <u>Industrial Products</u>              |                      |                     |                     |
| CIL Inc.                                | 3,600                | 115,996             | 100,800             |
| Moore Corp. Ltd.                        | 20,449               | 571,186             | 976,440             |
| Northern Telecom Ltd.                   | 9,300                | 474,215             | 376,650             |
|                                         |                      | <u>1,161,397</u>    | <u>1,453,890</u>    |
| <u>Real Estate and Construction</u>     |                      |                     |                     |
| Cadillac Fairview Ltd.                  | 46,700               | 509,617             | 607,100             |
| Campeau Corp. Com. New                  | 12,000               | 216,000             | 252,000             |
| Campeau Corp. W'ts. - 29 Aug. 86        | 6,000                | 17,728              | 27,600              |
|                                         |                      | <u>743,345</u>      | <u>886,700</u>      |
| <u>Transportation</u>                   |                      |                     |                     |
| Laidlaw Trans'n Ltd. Class A            | 54,000               | 253,416             | 722,250             |
|                                         |                      | <u>253,416</u>      | <u>722,250</u>      |
| <u>Pipelines</u>                        |                      |                     |                     |
| Transcanada Pipelines Ltd.              | 21,000               | 249,630             | 364,500             |
|                                         |                      | <u>249,630</u>      | <u>364,500</u>      |
| <u>Utilities</u>                        |                      |                     |                     |
| Bell Canada Enterprises Ltd.            | 10,000               | 194,186             | 293,750             |
| British Col. Tel. Ord.                  | 31,361               | 490,041             | 619,380             |
| Newfoundland Tel. Ltd.                  | 43,000               | 433,158             | 575,125             |
| Transalta Util's. Class A               | 8,152                | 109,629             | 164,059             |
|                                         |                      | <u>1,227,014</u>    | <u>1,652,314</u>    |
| <u>Communications and Media</u>         |                      |                     |                     |
| Astral Bellevue Pathe Inc. Class A      | 40,000               | 242,000             | 240,000             |
| Thompson Newspapers Class A             | 8,700                | 325,758             | 341,475             |
|                                         |                      | <u>567,758</u>      | <u>581,475</u>      |
| <u>Merchandising</u>                    |                      |                     |                     |
| Canadian Tire Ltd. Class A              | 34,000               | 405,560             | 382,500             |
|                                         |                      | <u>405,560</u>      | <u>382,500</u>      |
| <u>Financial Services</u>               |                      |                     |                     |
| Bank of British Columbia                | 15,800               | 229,175             | 158,000             |
| Bank of Nova Scotia                     | 28,000               | 401,670             | 311,500             |
| Canada Trustco Mtg. Co.                 | 12,400               | 288,920             | 244,900             |
| Royal Bank of Canada                    | 8,272                | 100,790             | 230,582             |
| Toronto-Dominion Bank,                  | 42,103               | 449,130             | 621,019             |
|                                         |                      | <u>1,469,685</u>    | <u>1,566,001</u>    |
| <u>Total Canadian Equities (91.15%)</u> |                      | <u>\$10,787,585</u> | <u>\$13,568,845</u> |

CANADIAN DENTAL ASSOCIATION  
RETIREMENT SAVINGS PLAN

INVESTMENT PORTFOLIOS  
AS AT MAY 31, 1984

COMMON STOCK (EQUITY) FUND - Continued

| <u>U.S. Equities</u>                 | <u>No. of Shares</u> | <u>Average Cost</u> | <u>Market Value</u> |
|--------------------------------------|----------------------|---------------------|---------------------|
| <u>Credit Cyclicals</u>              |                      |                     |                     |
| Owens Corning Fiberglas Corp.        | 2,000                | \$ 107,803          | \$ 74,133           |
|                                      |                      | <u>107,803</u>      | <u>74,133</u>       |
| <u>Consumer Growth</u>               |                      |                     |                     |
| Johnson & Johnson                    | 2,200                | 121,058             | 87,244              |
| Merck & Co. Inc.                     | 600                  | 71,833              | 66,331              |
| Pepsico Inc.                         | 900                  | 39,038              | 47,199              |
|                                      |                      | <u>231,929</u>      | <u>200,774</u>      |
| <u>Consumer Cyclicals</u>            |                      |                     |                     |
| General Motors Corp.                 | 1,300                | 107,831             | 104,790             |
|                                      |                      | <u>107,831</u>      | <u>104,790</u>      |
| <u>Defensive Consumer Staples</u>    |                      |                     |                     |
| Clorox Co.                           | 2,200                | 76,668              | 82,971              |
|                                      |                      | <u>76,668</u>       | <u>82,971</u>       |
| <u>Capital Goods</u>                 |                      |                     |                     |
| Westinghouse Elec. Corp.             | 6,600                | 189,401             | 175,200             |
|                                      |                      | <u>189,401</u>      | <u>175,200</u>      |
| <u>Capital Goods - Technology</u>    |                      |                     |                     |
| Boeing Co.                           | 3,600                | 211,820             | 181,221             |
| Computervision Corp.                 | 1,800                | 106,250             | 82,744              |
|                                      |                      | <u>318,070</u>      | <u>263,965</u>      |
| <u>Energy</u>                        |                      |                     |                     |
| Amerada Hess                         | 5,000                | 191,463             | 202,328             |
| American Oakwood Energy Ltd.         | 44,000               | -                   | 3,703               |
|                                      |                      | <u>191,463</u>      | <u>206,031</u>      |
| <u>Basic Industries</u>              |                      |                     |                     |
| Dow Chem. Co.                        | 1,600                | 69,566              | 58,788              |
|                                      |                      | <u>69,566</u>       | <u>58,788</u>       |
| <u>Transportation</u>                |                      |                     |                     |
| IU Int'l. Corp.                      | 3,200                | 74,144              | 73,550              |
| Trans World Corp. Conv. Pref. C      | 1,600                | 79,583              | 76,917              |
|                                      |                      | <u>153,727</u>      | <u>150,467</u>      |
| <u>Total U.S. Equities (8.85%)</u>   |                      | <u>\$ 1,446,458</u> | <u>\$ 1,317,119</u> |
| <u>Total Common Stocks (100.00%)</u> |                      | <u>\$12,234,043</u> | <u>\$14,885,964</u> |

CANADIAN DENTAL ASSOCIATION  
RETIREMENT SAVINGS PLAN

INVESTMENT PORTFOLIOS  
AS AT MAY 31, 1984

MONEY MARKET FUND

| <u>Bonds</u>                                        | <u>Par Value<br/>No. of Units</u> | <u>Average Cost</u> | <u>Market Value</u> |
|-----------------------------------------------------|-----------------------------------|---------------------|---------------------|
| Canada Permanent Trust Co.<br>11.5% GIC, 17 Oct. 84 | 400,000                           | \$ 400,000          | \$ 400,000          |
| Central & Eastern Trust Co.<br>10.5% GIC            | <u>400,000</u>                    | <u>400,000</u>      | <u>400,000</u>      |
|                                                     | 800,000                           | 800,000             | 800,000             |
| <u>Units</u>                                        |                                   |                     |                     |
| Imperial Life Money Market Units                    | 693,877.353                       | 8,598,440           | 9,376,302           |
|                                                     |                                   | <u>\$ 9,398,440</u> | <u>\$10,176,302</u> |

BALANCED FUND

| <u>Units</u>                         | <u>No. of Units</u> | <u>Average Cost</u> | <u>Market Value</u> |
|--------------------------------------|---------------------|---------------------|---------------------|
| Imperial Life Diversified Fund Units | 57,211.536          | \$ 1,540,246        | \$ 1,577,864        |
|                                      |                     | <u>\$ 1,540,246</u> | <u>\$ 1,577,864</u> |

CANADIAN DENTAL ASSOCIATION  
RETIREMENT SAVINGS PLAN

NOTES TO FINANCIAL STATEMENTS  
MAY 31, 1984

SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES

The financial statements have been prepared in accordance with accounting principles generally acceptable for pooled trust funds. A description of accounting policies of particular significance is as follows:

(a) Investments

Investments are stated at market value, determined as follows:

- (i) Stocks listed on a recognized stock exchange valued at the closing sale prices.
- (ii) Bonds valued at their par value.
- (iii) Units of the Imperial Life Assurance Company Limited valued the last business day of each month by dividing the total number of units of the Fund then outstanding into the net assets of the Fund, being the fair market value in Canadian funds of assets less liabilities as at the same date.

(b) Valuation of Units

Units are valued for the purposes of issue or redemption as at the close of business on the last business day of each month by dividing the total number of units of the Fund then outstanding into the net assets of the Fund, being the fair market value in Canadian funds of assets less liabilities as at the same date.

(c) Income

Dividends are recognized as income when declared. Interest income is accrued at the stated rate of the debt security.

(d) Contributions, Transfers, Terminations

All contributions, transfers and terminations made by the participants of the plan have been accounted for on an accrual basis.

CANADIAN DENTAL ASSOCIATION  
RETIREMENT SAVINGS PLAN

NOTES TO FINANCIAL STATEMENTS  
MAY 31, 1984

1. SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES - Continued

(e) Foreign Currency Translation

Accounts in foreign currencies have been translated into Canadian dollars as follows:

- (i) current assets and current liabilities at the exchange rate prevailing at the Balance Sheet date;
- (ii) purchases and sales of investments and revenue and expenses at the rate of exchange prevailing on the respective dates of such transactions.

Gains or losses resulting from the translation of foreign currencies are included in income.

2. COMPARATIVE FIGURES

The comparative figures for the previous year have not been provided separately for the four funds in the statement of income and statement of changes in net assets since the information was not readily available. The costs for compilation of the previous years' figures would have been inordinately high when compared with the benefit to be derived from such information.

## COUNCIL ON NOMINATIONS

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### REPORT TO THE ANNUAL CDA BOARD OF GOVERNORS MEETING SEPTEMBER 1984

Members: Dr. W.R. Thompson, Chairman, Ontario  
Dr. J.F. Reid, British Columbia  
Dr. G.E. Utas, Alberta  
Dr. D.E. Williams, New Brunswick

1. Council did not meet during the term; business was conducted by correspondence and telephone.
2. Solicitation of nominations for elective offices and vacancies was conducted in accordance with the by-laws and terms of reference of the Council.
3. All elective offices and vacancies for the 1984-85 term have been filled by eligible nominees.
4. Elections are to be held during the annual meeting of the Board of Governors in Ottawa, Ont., September 21-22, 1984.
5. The amended Conflict of Interest statement as adopted by the Board at their April Meeting has been incorporated into the call for nominations package.
6. Elections will be required as indicated in the appended table.
7. **RESOLVED:**

Appendix A

84.91      **THAT one ballot be cast to elect those  
candidates to offices and vacancies  
where no opposition exists.**

### ADOPTED

8. The call for nominations, the nomination form and the list of nominees with biographical information are appended and comprise part of this report.
9. Council expresses appreciation to the nominators for their assistance in providing nominees, to the candidates for their willingness to serve and to the staff for their assistance.

Appendix B  
Appendix C  
Appendix D

Respectfully submitted,

W. R. Thompson, D.D.S.  
Chairman  
Council on Nominations

### ADOPTION OF REPORT:

The Board of Governors accepts the report of Council on Nominations with thanks.



NOMINATIONS

Addendum

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Elections

RESOLVED:

84.92      THAT Dr. W. R. Thompson be appointed to  
the Council on Nominations.

ADOPTED

Appointment of Scrutineers

RESOLVED:

84.93      THAT Dr. J. G. Thompson and Dr. T. Hetcher  
be appointed scrutineers.

ADOPTED

Following an election by ballot, the results were:

Dr. Bradley W. Holmes (Ontario) - President-elect

ADOPTED

RESOLVED:

84.94      THAT the ballots be destroyed.

ADOPTED

\*Election required

## NOMINATIONS - CDA ELECTIVE OFFICES - 1984

| OFFICE/INCUMBENT                                                                                                                                                                 | COMMENT                               | ELIGIBILITY                  | TERM    | NOMINEES - AFFILIATIONS                                                                       |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------|------------------------------|---------|-----------------------------------------------------------------------------------------------|
| <u>Chairman of the Board</u><br>Dr. N. A. Mancini (Ontario)                                                                                                                      | Elected annually                      | Active or Honorary Member    | 1 year  | Dr. N. A. Mancini                                                                             |
| <u>President-Elect</u><br>Dr. P. Ralph Crawford, (Man.)                                                                                                                          | Elected annually                      | Member of Board of Governors | 1 year  | Dr. B. W. Holmes, (Ontario) *<br>Dr. D. L. Thompson, (Alberta)                                |
| <u>Executive Council</u><br>Dr. W. R. Thompson - 1984 (2) Ont.<br>Dr. B. W. Holmes - 1984 (1) Ont.<br>Dr. T. E. Ramage - 1984 (1) B.C.<br>Dr. J. Robertson - 1984 (1) Atl. Prov. | Annual election to fill expired terms | Member of Board of Governors | 2 years | Brig.-Gen. J. N. Wright, (Ont.)<br>Dr. R. J. Markey, (B.C.)<br>Dr. J. Robertson, (Atl. Prov.) |
| <u>Constitution &amp; By-Laws</u><br>Dr. G. Anthony - 1984 (2)<br>Dr. B. M. Jackson - 1984 (1)                                                                                   | Annual election to fill expired terms | CDA member with stipulations | 3 years | Dr. B. M. Jackson, (Ont.)<br>Dr. M. J. Crompton, (Atl. Prov.)                                 |

| OFFICE/INCUMBENT                                                                                                        | COMMENT                                                                | ELIGIBILITY                     | TERM              | NOMINEES/AFFILIATIONS                                                                                          |
|-------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------|---------------------------------|-------------------|----------------------------------------------------------------------------------------------------------------|
| <u>Council on Education</u><br>Dr. I. C. Bennett - 1984 (2)<br>Dr. G. S. Beagrie - 1984 (1)<br>Mr. E. Busvek - 1984 (1) | Annual election<br>to fill expired<br>terms                            | CDA member with<br>stipulations | 3 years<br>1 year | Dr. B.S. Graham, (Univ.)<br>Dr. G.S. Beagrie, (RCDC)<br>Dr. G.R. Thordarson, (Reg.)<br>Mr. Dan Beck, (Student) |
| <u>Ethics</u><br>Dr. W. I. Vogan - 1984 (2)                                                                             | Annual election<br>to fill expired<br>term                             | CDA member with<br>stipulations | 3 years           | Dr. Gerald D. Turner, (N.S.)                                                                                   |
| <u>Hospital Services</u><br>Dr. J.H. Gryfe - 1984 (1)                                                                   | Annual election<br>to fill expired<br>term                             | CDA member with<br>stipulations | 3 years           | Dr. J.H. Gryfe, (Ont.)                                                                                         |
| <u>Information Services</u><br>Dr. Y. Kamachi - 1984 (1)<br>Dr. T. Koltek - 1984 (1)<br>Dr. C. Leblanc - 1984 (1)       | Annual election<br>to fill expired<br>term                             | CDA member with<br>stipulations | 3 years           | Dr. Y. Kamachi, (Ont.)<br>Dr. W.T. Koltek, (Prairie<br>Prov.)<br>Dr. C.S. Leblanc, (Atl. Prov.)                |
| <u>Nominations</u><br>Dr. F. Reid - 1984                                                                                | Nominations will<br>be received from<br>the floor at<br>annual meeting |                                 | 3 years           |                                                                                                                |

M E M O R A N D U M

TO: Members of the Board of Governors  
Presidents & Secretaries of Corporate Members  
CDA Council Chairmen  
Presidents & Secretaries of Specialty Sections  
Association of Canadian Faculties of Dentistry  
National Dental Examining Board of Canada  
Royal College of Dentists of Canada  
Provincial Registrars

FROM: Dr. W.R. Thompson  
Chairman, Nominations Council  
Canadian Dental Association  
1816 Alta Vista Drive  
Ottawa, Ontario  
K1G 3Y6

DATE: April 18, 1984

SUBJECT: CDA Nominations 1984-1985

1. Elections of officers and council personnel for the 1984-85 term will take place during the 1984 Annual Meeting of the Board of Governors in Ottawa, on September 21-22, 1984.
2. Except in the case of nominations to the Council on Nominations itself, nominations from the floor during the Annual Meeting will not be valid unless vacancies are created by withdrawals from the list of nominations as presented by the Council on Nominations. The Board may then make further nominations from the floor.
3. It is the duty of the Council on Nominations (Article XVI, Section 4 (i), (i-v) to:
  - a) prepare a list of all elective offices to be filled;
  - b) solicit nominations, excluding those for the Council on Nominations;
  - c) rule on eligibility;
  - d) make further nominations as necessary, or as Council sees fit;
  - e) submit a report to the Annual Meeting.
4. Nominations must be received before JUNE 4, 1984.

5. Those entitled to make nominations are:

Members of the CDA Board of Governors  
CDA Council Chairmen  
Presidents or Secretaries of Corporate Members  
Presidents or Secretaries of Specialty Sections

6. Nominees to the Council on Education will include the recommendations of:

The Association of Canadian Faculties of Dentistry  
National Dental Examining Board of Canada  
Royal College of Dentists of Canada  
Provincial Registrars

7. All nominations must be accompanied by:

- (a) Written consent of the nominee.  
(b) A completed conflict of interest statement by the nominee.

Failure to comply with these two requirements will nullify the nomination.

8. Except for Executive Council (as otherwise indicated), election to Councils is for a term of three years, renewable once. Members of the Councils must be Active, Associate, Affiliate, or Student Members of the Canadian Dental Association. Associate or Affiliate members are not eligible for nominations for election to the Board of Governors or the Executive Council. Student members are not eligible for nomination for election to the Executive Council.
9. Nominations should be accompanied by a brief biographical sketch of the nominee attached to the nomination form.

PLEASE FORWARD YOUR NOMINATION(S)  
WRITTEN CONSENT OF THE NOMINEE'S  
WILLINGNESS TO STAND FOR OFFICE  
AND A BRIEF BIOGRAPHICAL SKETCH  
OF EACH NOMINEE TO:

Dr. W.R. Thompson  
Chairman  
Council on Nominations  
Canadian Dental Association  
1815 Alta Vista Drive  
Ottawa, Ontario  
K1G 3Y6

DEADLINE: JUNE 4, 1984

## NOMINATIONS

1984

### I. President-Elect

Term: 1 year  
Eligibility: Member of the Board of Governors

1. \_\_\_\_\_

### II. Chairman of the Board

Term: Elected annually  
Eligibility: Active or Honorary Member (may hold no other elective office during his tenure as Chairman)

Incumbent: N.A. Mancini, Hamilton  
Eligible for re-election

1. \_\_\_\_\_

### III. Executive Council - 9 members

Term: 2 years: renewable twice  
Eligibility: Member of the Board of Governors

Incumbents: W.R. Thompson, Past-President  
R.N. Hicks, President  
P.R. Crawford, President-Elect  
C. Chicoine, Quebec  
B.W. Holmes, Ontario, 1984 (1)  
T.E. Ramage, B.C., 1984 (1)  
J. Robertson, P.E.I., 1984 (1)  
D.L. Thompson, Alberta, 1985 (2)  
J.W. Niedermayer, Saskatchewan, 1985 (1)

#### Summary:

The Executive Council shall consist of the President, Immediate Past President, President-Elect and six additional members. The President-Elect and six additional members shall be elected by the Board of Governors from its membership. The province from which a member is licensed at the date of the Annual Meeting shall determine the province from which the candidate has been drawn. The six additional members shall consist of one each from the following regions:

- (a) Province of British Columbia
- (b) Province of Alberta
- (c) Provinces of Saskatchewan - Manitoba
- (d) Province of Ontario
- (e) Province of Quebec
- (f) Provinces of New Brunswick, Nova Scotia, P.E.I. and Newfoundland.

Nominations - 1984 - continued...

Executive Council Summary:

Dr. W.R. Thompson is retiring as Past President. Drs. B.W. Holmes, T.E. Ramage and J. Robertson are completing their first term and are eligible for re-election.

Dr. C. Chicoine is a presidential appointment to replace Dr. J. Laporte during his illness.

If an incumbent in his non-elective year is elected President-Elect, the uncompleted term will be filled by Presidential appointment.

|                 |          |                                  |
|-----------------|----------|----------------------------------|
| 3 to be elected | 1. _____ | Ontario                          |
|                 | 2. _____ | B.C.                             |
|                 | 3. _____ | N.B., N.S.,<br>P.E.I. &<br>Nfld. |

IV. Council on Constitution & By-laws: 4 members

Term: 3 years: renewable once

Incumbents: G.H. Peacock, Saskatoon, 1985 (1), Chairman  
G. Anthony, St. John's, 1984 (2)  
B.M. Jackson, Kitchener, 1984 (1)  
M.J.R. Leitch, B.C., 1986 (1)

Summary:

Dr. G. Anthony is completing his second term. Dr. B. Jackson is completing his first term and is eligible for re-election.

|                 |          |
|-----------------|----------|
| 2 to be elected | 1. _____ |
|                 | 2. _____ |

V. Council on Dental Materials and Devices: 8 persons

Term: Nominated by the Executive Council and appointed  
by the Board of Governors annually.

Incumbents: R.Y. Barolet, Ste-Foy, Chairman  
P.C. Desautels, Montreal  
S. Newman, Edmonton  
L.N. Johnson, London  
D.W. Jones, Halifax  
D. Smith, Toronto  
P.T. Williams, Winnipeg  
R. Roydhouse, B.C.



Nominations - 1984 - continued

VI. Council on Education: 13 members

Term: 3 years: renewable once

|             |                                              |           |
|-------------|----------------------------------------------|-----------|
| Incumbents: | K.C. Bentley, Montreal, 1985 (2), Chairman   | ACFD      |
|             | I.C. Bennett, Halifax, 1984 (2)              | UNIV      |
|             | M.A. Boyd, Vancouver, 1985 (1)               | UNIV      |
|             | N. Andrews, Halifax, 1985 (2)                | NON-UNIV  |
|             | G.W. Burgman, Kirkland Lake, 1985 (1)        | NON-UNIV  |
|             | M. Jahjah, Montreal, 1985 (1)                | NON-UNIV  |
|             | E.W. McIntyre, Edmonton, 1985 (1)            | NON-UNIV  |
|             | G.S. Beagrie, Vancouver, 1984 (1)            | RCD(C)    |
|             | K.F. Pownall, Toronto, 1985 (1)              | REGISTRAR |
|             | N.J. Layton, Truro, 1986 (1)                 | NDEB      |
|             | A. Schwartz, Winnipeg, 1986 (1)              | UNIV      |
|             | E. Busvek, 1984 (1 year: renewable annually) | STUDENT   |

Summary:

Dr. I.C. Bennett is completing his second term and a nomination is required for a UNIVERSITY representative.

Dr. E. Busvek is completing a one-year term and a nomination is required for a STUDENT representative.

Dr. G.S. Beagrie is completing his first term as an RCD(C) representative and is eligible for re-election.

A second REGISTRAR was approved by the Board of Governors in September, 1983 to be named to the Council on Education and a nomination is required to fill this position.

|                 |                    |
|-----------------|--------------------|
| 4 to be elected | 1. _____ UNIV      |
|                 | 2. _____ RCD(C)    |
|                 | 3. _____ STUDENT   |
|                 | 4. _____ REGISTRAR |

A lay person may be nominated by the Executive Council and appointed by the Board of Governors.

VII. Council on Ethics: 5 members

Term: 3 years: renewable once

Incumbents: G.R. Thordarson, Vancouver, 1986 (2)  
M.A. Lasko, Winnipeg, 1986 (1)  
W.G. Leggett, Ontario, 1985 (1)  
R.C. McClelland, Edmonton, 1985 (1)  
W.I. Vogan, Halifax, 1984 (2)

Summary:

Dr. W.I. Vogan is completing his second term and a nomination is required.

1 to be elected 1. \_\_\_\_\_

Nominations - 1984 - continued...

VIII. Council on Health Care: 12 members

Term: 3 years: renewable once

Incumbents: H.W. Horsman, N.B., 1985 (2), Chairman  
D.G. Sage, Ontario, 1986 (1)  
G. McFarlane, Newfoundland, 1986 (1)  
R.B. Porter, Nova Scotia, 1986 (1)  
A.D. Crocker, P.E.I., 1985 (2)  
E.K. Fukushima, B.C., 1985 (2)  
K.I. Hamilton, Sask., 1985 (1)  
C.T. McNichol, Alberta, 1985 (2)  
L-Col. P.R. McQueen, CFDS, 1985 (1)  
R.C. Rooney, N.B.  
K.R. Skinner, Manitoba, 1985 (1)  
A. Toeman, Quebec, 1985 (1)

Summary:

Dr. R.C. Rooney is filling the vacancy of the chairman for 1983-1984.

None to be elected.

IX. Council on Hospital Services: 6 members

Term: 3 years: renewable once

Incumbents: J. Gryfe, Weston, 1984 (1), Chairman  
C. Foster, Winnipeg, 1986 (1)  
J. Hardie, Ottawa  
E.L. MacInnis, Halifax, 1986 (1)  
L. Trudel, Sherbrooke, 1986 (1)  
W.S. Walter, Vancouver, 1986 (1)

Summary:

The Council on Hospital Services shall consist of five members representative of the Atlantic Provinces, Quebec, Ontario, the Prairie Provinces and British Columbia.

Dr. J. Gryfe is completing his first term and is eligible for re-election.

Dr. J. Hardie is filling the vacancy of the chairman for 1983-1984.

1 to be elected

1. \_\_\_\_\_ Ontario

Nominations - 1984 - continued...

X. Council on Information Services: 5 members

Term: 3 years: renewable once

Incumbents: Y. Kamachi, Ontario, 1984 (1), Chairman  
T. Koltek, Prairie Provinces, 1984 (1)  
C. Leblanc, Atlantic Provinces, 1984 (1)  
R. Howaniec, B.C., 1986 (1)  
G. Lafreniere, Quebec, 1986 (1)

Summary:

The Council on Information Services shall consist of five members representative of the Atlantic Provinces, Quebec, Ontario, the Prairie Provinces and British Columbia.

Drs. Y. Kamachi, T. Koltek and C. Leblanc are completing their first term and are eligible for re-election.

|                 |                         |
|-----------------|-------------------------|
| 3 to be elected | 1. _____ Ontario        |
|                 | 2. _____ Prairie Prov.  |
|                 | 3. _____ Atlantic Prov. |

XI. Council on Insurance and Investment

The Canadian Dental Association has delegated to the Canadian Dental Services Plans Inc. the function of the Council on Insurance and Investment as a result of an agreement between the two organizations. This agreement is to be reviewed annually by the Board of Governors of the Canadian Dental Association and the Canadian Dental Services Plans Inc.

None to be elected

XII. Council on Nominations: 3 members plus Past-President as Chairman

Term: 3 years

Incumbents: W.R. Thompson, Ontario, Chairman  
D.E. Williams, N.B., 1986  
G.E. Utas, Alberta, 1985  
F. Reid, British Columbia, 1984

Summary:

The Council on Nominations shall consist of three members elected by the Board at its Annual Meeting, pursuant to Article X, Section 6 of the By-laws, together with the Past President, who shall be Chairman. The membership should be geographically representative of the Association and shall include one or more Past Presidents.

Dr. F. Reid is completing his term and nominations will be received from the floor at the Annual Meeting to fill one vacancy.

NOMINATION FORM - CDA

One form must be completed for each candidate. Candidates must be eligible to assume office if elected (see conflict of interest by-law on reverse of this form, and specific regional or other stipulations for nominations on the attached memorandum).  
PLEASE CHECK OR COMPLETE ONE OF THE FOLLOWING:

Nomination for: Chairman of the Board \_\_\_ President-Elect \_\_\_  
Executive Council \_\_\_  
Council on \_\_\_\_\_

**\*NOTE:** Associate or Affiliated members are not eligible for nomination to the Board of Governors or Executive Council.  
Student members are not eligible for nominations to the Executive Council.

PLEASE PRINT OR TYPE THE FOLLOWING:

Candidate's Name \_\_\_\_\_

Candidate's Address \_\_\_\_\_ Postal Code \_\_\_\_\_

It is desirable for a nominee to attach a brief biographical sketch if possible.

IN ACCORDANCE WITH THE STIPULATIONS OF THE CONSTITUTION AS TO REGIONAL OR OTHER REPRESENTATION, AND, AS TO MY ENTITLEMENT TO MAKE NOMINATIONS, I PROPOSE THE ABOVE CANDIDATE FOR NOMINATION.

PLEASE PRINT OR TYPE THE FOLLOWING:

Nominator \_\_\_\_\_ Office/Position \_\_\_\_\_

Signature \_\_\_\_\_

**\*\*NOTE:** Please notify the candidate's provincial association identifying the candidate and the office, council or committee to which he/she has been nominated.

ARTICLE XXI SECTION I OF THE CONSTITUTION APPEARS ON THE REVERSE OF THIS NOMINATION FORM. THIS ARTICLE DEALS WITH POSSIBLE POTENTIAL CONFLICTS OF INTEREST.

NOMINEE WILL PLEASE INITIAL ONE OF THE FOLLOWING:

- A) I have no known possible potential conflict of interest \_\_\_\_\_  
B) I have a possible conflict of interest \_\_\_\_\_  
If B) please explain potential conflict on the reverse of this form.

I agree to permit my nomination and qualify by Active \_\_\_\_\_ Affiliate \_\_\_\_\_

Associate \_\_\_\_\_ Student \_\_\_\_\_ Membership in the CDA

Membership in \_\_\_\_\_ (Corporate Member)

NAME OF ORGANIZATION RECOMMENDING THIS NOMINATION \_\_\_\_\_

SIGNATURE OF NOMINEE \_\_\_\_\_

### NOMINATIONS

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ACCORDING TO ARTICLE XXI SECTION I OF THE CONSTITUTION, THE FOLLOWING APPLIES:

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- a) Every member of the Board of Governors of the Association who has directly or indirectly any interest in any contract or transaction or in any business or undertaking which provides dental supplies or services of any kind to the dental profession, shall declare his material interest in the foregoing. He then will absent himself from discussion and voting on such contract or transaction.
- b) If a Governor has made a declaration in compliance with the above provisions and he has not voted in respect of the contract or transaction, and if he has acted honestly and in good faith, he is not accountable to the Association for any profit or gain realized and the contract or transaction is not voided.
- c) The above provisions apply automatically to the members of the various Committees, and Councils of the Association, including the Executive Council. Each Board and/or Council or Committee member in order to make sufficient disclosure, is required to do so not only to his Council, etc., members but also to the Board of Governors in writing.
- d) All nominees for election or appointment to Councils or Committees of the Association, including the Executive Council shall declare on the nomination form, all possible potential conflicts of interest. These shall be made known to the Board prior to the election.
- e) That, of itself, being a Trustee of the CDA administered insurance and investment plans and/or of itself being a representative of the CDA to the Board of Canadian Dental Service Plans Incorporated shall not constitute a potential conflict of interest for a current member or a candidate for election to the Executive Council of the CDA.
- f) The Board shall be the final authority on any disputed conflict of interest.

PLEASE INDICATE BELOW ANY POSSIBLE POTENTIAL CONFLICTS OF INTEREST:

Return this completed form by June 4, 1984

Dr. W.R. Thompson, Chairman  
Council on Nominations,  
Canadian Dental Association,  
1815 Alta Vista Drive,  
Ottawa, Ontario  
K1G 3Y6

CURRICULUM VITAE

## CHAIRMAN OF THE BOARD

Name MANCINI, N.A.Address 280 Barton Street East, Hamilton, Ontario L8L 2X3Office Telephone No. 529-0041 Area Code 416

Personal: Married - Josephine, Oct. 10, 1949  
 3 sons - Michael Gerard, Nicholas Anthony Jr., John Patrick

Education: Elementary - St. Ann's School, Hamilton  
 Secondary - Cathedral High School, Hamilton  
 B.A. (Chem., Physics, Biology) University of Toronto  
 D.D.A. - University of Buffalo

Memberships: Served on original Foundation Committee for the  
 Hamilton Theatre Auditorium Centre  
 Served on Hamilton Urban Renewal Committee  
 Served on Staff of Hamilton Civic Hospitals  
 Served (6 yrs.) Board of Governors of Hamilton Civic  
 Hospitals  
 Served for one year - Board of Directors of Social  
 Planning and Research Council  
 Past Chairman of Canadian Catholic School Trustees  
 Assoc. (C.C.S.T.A.)  
 Past Chairman of Ontario Separate School Trustees  
 Assoc. (O.S.S.T.A.)  
 Presently on Executive Council of O.S.S.T.A.,  
 Past Chairman of Ontario School Trustees Council  
 (O.S.T.C.) which includes 5 Trustees' Associations of  
 Ontario  
 Presently on Board of Directors of O.S.T.C.  
 Dominion Council of Health ( 3 yrs.)  
 Past Chairman of Hamilton-Wentworth Roman Catholic  
 Separate School Board  
 Presently School Trustee and Chairman of Education  
 Committee  
 Accorded Papal Honour (made a K.S.6) (Knighthood) Knight  
 of St. Gregory  
 Past President of Hamilton Academy of Dentistry  
 Member - Canadian Academy of Prosthodontists  
 Serving as Chairman of Board - O.D.A.  
 Serving as Chairman of Board - C.D.A.  
 Past Grand Knight - Knights of Columbus, Hamilton

CURRICULUM VITAE

PRESIDENT-ELECT

Name HOLMES, B. W.Address 34 Matheson Street South, Kenora, Ontario P9N 1T6Office Telephone No. 468-5581 Area Code 807

Dental Experience: 1970-76 - Governor ODA  
1976-79 - Governor ODA  
1977-79 - GExecutive Council ODA  
1979-80 - President-Elect ODA  
1980-81 - President ODA  
1981-82 - Past President ODA  
1980 - Governor CDA  
1981 - Executive Council CDA

Memberships: Kenora-Rainy River Dental Society  
Ontario Dental Association  
Canadian Dental Association  
Winnipeg Dental Society  
Chicago Dental Society  
Pierre Fauchard Academy  
International College of Dentists  
Academy of Dentistry International



CURRICULUM VITAE

## PRESIDENT-ELECT

Name THOMPSON, Donald LloydAddress 68 Clarendon Rd.N.W., Calgary T2L 0P3Office Telephone No. 289-3746 Area Code 403

DATE OF BIRTH: December 13, 1921

EDUCATION: D.D.S. 1950, University of Toronto

PRACTICE: 1950 - 1984 Calgary Alberta

MILITARY

SERVICE Navy, W.W. II

MARRIED: June, 1945 - Wife - Mary

Children - John, Donna, Patricia &amp; Pamela

DENTAL

EXPERIENCE: Mediation Committee, Calgary District Society (3 years)

President Calgary &amp; District Dental Society

Convention Chairman, Alberta Dental Association

Committee on Hospital Services, Alberta Dental Association

Committee on Continuing Education, Alberta Dental Association

President, Alberta Dental Association

Executive Council CDA - five years

Executive Liaison to Council on Education,

Council on Hospital Services, Council

on Ethics, Council on Dental Materials

&amp; Devices, Council on Constitution &amp;

By-Laws, Council on Student Affairs

Fellow - International College of Dentists

COMMUNITY

AFFILIATIONS: Chairman - Provincial &amp; Southern Alberta Mixed Curling (6 years)

Member - Militia Group and C.O. of #59 Dental Company 1950-1960

Associate Director, Calgary Stampede Board

CLUBS:

Calgary Winter Club

Elks Club

CHURCH:

United

INTERESTS:

Golf, water sports, curling, painting.

CURRICULUM VITAE

EXECUTIVE COUNCIL

Name MARKEY, Ron  
Address 6180 Blundell Rd., Ste. 210  
Richmond, B.C. Postal Code V7C 4W7  
Office Telephone No. 271 - 7620 Area Code 604

- EDUCATION: Loyola College, Montreal 1965  
McGill University, 1969 -- D.D.S.  
University of Washington, Seattle - 1974 -- M.S.D.
- PRACTICE: Orthodontics, Richmond, B.C.
- MEMBERSHIPS: B.C. Society of Orthodontists - Treasurer 1977-78  
Secretary - 1978-79  
Vice-President 1979-80  
President - 1980-81
- Interspecialty Dental Society of B.C.  
Secretary-Treasurer - 1979-80  
Rep. to College Council - 1979-80
- Canadian Dental Association Board of Governors - 1982 to present
- College of Dental Surgeons of B.C.  
Treasurer - 1980-81  
Vice-President - 1981-82  
President - 1982-84

Have lectured and been involved with various teaching activities at McGill, U.B.C. and elsewhere.

CURRICULUM VITAE

## EXECUTIVE COUNCIL

Name ROBERTSON, John R.Address 216 Linden Ave.SUMMERSIDE, P.E.I.Postal Code C1N 4N4Office Telephone No. 436-2642

Area Code \_\_\_\_\_

Personal:

Married - Elizabeth Ann

Children - Catherine 17

Latricia 15

Trevor John 10

Education:Graduated Dalhousie Dental School - 1964 (Class President  
4 years)Practice:

Served with Armed Forces Dental Corps 9 years

Retired from RCDC with rank of Major

Presently - Summerside Dental Clinic, 216 Linden Ave.

Summerside, P.E.I.

C1N 4N4

Associations:

## Present Member:

- (a) A.G.D.
- (b) Board of Governors P.E.I.
- (c) N.D.E.B. Examining Term
- (d) F.D.I.
- (e) Fellow of International College of Dentists
- (f) United States Dental Institute
- (g) Regent for Zone F, International College of Dentists
- (h) Prince County Hospital Dental Advisor
- (i) Green Gables Study Club, P.E.I.
- (j) Director, Summerside Waterfront Development Corporation

Past member of Summerside Y's Mens Club

Past Cub Master (3 yrs.) Summerside Y's Mens Club  
SponsorPast member Board of Managers Summerside  
Presbyterian ChurchPast member Advisory Board - Dental Assisting Program,  
Holland College, P.E.I.

Past President P.E.I. Dental Association - Two terms

Past member Council on Health Care - Two terms

CURRICULUM VITAE

## EXECUTIVE COUNCIL

Name WRIGHT, James N., Brigadier-General

Address Director General Dental Services, National Defence Headquarters  
Ottawa, Ontario Postal Code K1A 0K2

Office Telephone No. 992-2564 Area Code 613

Personal: Born Lethbridge, Alberta - 1933  
Married - Elaine Duhamel - 1959  
Children: Tamara Lynn BSc. Human Biology  
Michele Elaine Queen's University  
Lisa Marie Grade XIII - Ottawa

Education: High School, Banff, Alberta  
DDS - University of Alberta 1956  
Periodontics Specialty - Walter Reed Medical Centre,  
Washington, B.C. 1965  
MScD Oral Pathology - University of Toronto - 1969  
National Defence College Graduate - 1981

Professional Director General Dental Services (DGDS) - 1982 - present  
Director Dental Treatment Services - 1976-77; 1981-82  
Commandant Canadian Forces Dental Service School (CFDSS) - 1977-80  
Special Projects Officer for DGDS - 1974-76  
Base Dental Officer CFB Cold Lake - 1970-74  
Assistant Chief Instructor & Head Departments Oral Medicine  
and Periodontology  
Special Retraining Program Czechoslovakian Dentists,  
University of Western Ontario - 1969-70  
Head Department of Periodontics CFDSS - 1965-69  
Instructor Endodontics & General Practice CFDSS 1959-63  
Senior Advisor United Nations Emergency Force Egypt - 1958-59  
Dentist Aboard HMCS, Ontario - Pacific - 1957-58  
Dentist Comox, B.C. - Namao, Alberta - 1956-57

Professional Articles & Lectures Published a number of articles & lectured at local, provincial,  
national & international meetings on periodontics & oral  
pathology/medicine

Awards University of Alberta - Anglican Church Scholarship - 1950-56  
University of Alberta, Honour Prize, Alberta Dental Association  
Scholarship - Award of American Academy of Dental Medicine  
Gold Medal - U.S. Army Institute of Dental Research - 1965  
Fellowship International College of Dentists - 1977  
Queen's Honourary Dental Surgeon - 1980  
Fellow International Dental Studies Academy - 1984

Association Membership Canadian Dental Association - Board of Governors - 1981 to present  
Alternate to Board of Governors - 1975-76  
Chairman Committee Salaried Dentists - 1981 to present

Association

Membership

Federation Dentaire Internationale  
Consultant to CDFDS - 1982 to present  
Chairman WG on Field Dental Equipment - 1982 to present  
Canadian Academy of Periodontology - 1969 to present  
Canadian Academy of Oral Pathology - 1970 to present  
Member CDA Post-graduate Accreditation Survey Team - 1973  
National Committee on Dental Manpower - 1975  
CFDS Representative to Council on Education - 1976-80  
Member House of Delegates ACFD - 1977-80  
Representative to Conference of Provincial Dental  
Secretaries - 1981-82  
Meeting of Provincial Dental Licensing Authorities - 1981-82  
Governor Greater Barrie and District Chamber of Commerce - 1977-80

Interests

Golf, Curling, Skiing, Photography

CURRICULUM VITAE

## COUNCIL ON CONSTITUTION &amp; BY-LAWS

Name CRIPTON, Michael J.Address 567 St. George St.MONCTON, N.B.Postal Code E1E 2B9Office Telephone No. 855-0526 Area Code 506

DATE OF BIRTH: September 29, 1934

EDUCATION: 1957 - McGill University - graduated D.D.S.  
1959-60 - University of Montreal - diploma in orthodonticsPRACTICE: General practice - Fredericton 1957-59  
Specialty practice in Moncton - 1961 - orthodonticsFELLOWSHIPS: Royal College of Dentists of Canada - 1967  
International College of Dentists - 1978

## MEMBERSHIPS

ASSOCIATIONS: Secretary-Treasurer/Registrar - N.B. Dental Society  
1964-67  
Council on Education - CDA - 1968-74  
Chairman Council on Education - 1973 (first time a dentist  
not engaged in full time teaching has been  
chairman of this Council)  
National Dental Examining Board of Canada - 5 years  
(1968-1973)  
Governor - New Brunswick on CDA Board of Governors - 1975  
Executive Council CDA - 1974-79  
President-elect CDA - Aug. 1975  
Installed as President CDA - Sept. 1976 (youngest President  
ever to 1976 and first President of CDA  
from New Brunswick since 1954)

## COMMITTEE

MEMBERSHIPS: Chairman - Finance Committee CDA - Aug. 1975-Sept. 1976  
Chairman - Ad Hoc Committee on Priorities of Canadian  
Dental Association (Aug. 1975-76)  
Past-Chairman - CDA Membership Committee 1978-79

COMMITTEE

MEMBERSHIP:

Ad-Hoc Committee on Insurance CDA - 1976-78  
Atlantic Provinces Representative - Canadian  
Fund for Dental Education - 1971-78  
Past-President Canadian Association of Orthodontists  
1979-80

Member - American Association of Orthodontists  
Member - Canadian Association of Orthodontists  
Northeastern (U.S.) Society of Orthodontists -  
member of the Long Range Study Committee 1973-78  
Northeastern Society of Orthodontists (U.S.) member  
of Legal Committee 1978  
Member - Pierre Fauchard Academy

Recipient of Queen's Silver Jubilee Medal - 1977

Has presented table clinics at meetings of:

Canadian Dental Association  
American Association of Orthodontists  
Atlantic Provinces Dental Convention

Delegate to FDI meetings in 1976 (Athens) 1978 (Madrid)  
for CDA

Former National Treasurer for FDI in Canada

Past-President - New Brunswick Dental Society

Past-Chairman - Atlantic Provinces Dental Convention  
Moncton, June 1981

Royal College of Dentists of Canada - Council member  
1979 - presently Vice-President RCDC

Presented Royal College of Dentists lecture - St. John's,  
Nfld. - 1975



CURRICULUM VITAECONSTITUTION & BY-LAWS

Name Dr. B.M. Jackson  
Address 22 Water Street, South, Suite #22  
Kitchener, Ontario Postal Code N2G 4K4  
Office Telephone No. 578-4500 Area Code 519

Dr. Bruce M. Jackson

Graduate of Faculty of Dentistry, University of Toronto, 1950  
General Practice in Kitchener, Ontario  
Past-President Waterloo-Wellington Society  
Past member of Board of Governors and Executive Council of the O.D.A.  
Secretary-Treasurer of the Canadian Academy of Prosthodontics  
Charter member of Carl O. Boucher Prosthodontic Conference  
Member Pierre Fauchard Academy  
Member Council of Constitution and By-Laws, C.D.A.  
Member Health Care Committee, O.D.A.  
Member Honours and Awards Committee, O.D.A.  
Past-President Boy Scouts of Canada, Province of Ontario  
Past Chairman and present member of Official Board, Forest Hill  
United Church

## CURRICULUM VITAE

### DENTAL MATERIALS & DEVICES

NAME Sheldon Michael Newman, D.D.S., M.S.

MARITAL STATUS Married

SPOUSE Linda

CHILDREN Dylan Leigh  
Daniel Emerson  
Benjamin Eliot

HOME ADDRESS 2713 - 118 Street  
Edmonton, Alberta, Canada  
T5J 3P8

BUSINESS ADDRESS Division of Biomaterials  
Faculty of Dentistry  
University of Alberta  
Edmonton, Alberta, Canada  
T6G 2N8

TELEPHONE (403) 432-2850

EDUCATION 1963-67 - Christian Brothers High School  
1967-71 - William Marsh Rice University B.A. - Biology  
1971-73 - Iowa State University Study in Cell Biology  
1974-76 - University of Tennessee Center for the Health  
Sciences, College of Dentistry, D.D.S.  
1978-80 - UTCH College of Pharmacy, Dept. of Drug and  
Materials Toxicology, M.S.  
1981-84 - Northwestern University Department of  
Biological Materials, Ph.D program -  
Corrosion and Toxicity of Dental Casting Alloys.

DENTAL PRACTICE  
EXPERIENCE Evenings and Saturdays (Jan. 1977 - August, 1983)

ACADEMIC  
APPOINTMENTS Instructor, Dept. of Zoology, Iowa State University,  
Sept., 1971 - Dec., 1973, 50%  
Instructor, Dept. of Biomaterials, University of  
Tennessee College of Dentistry, Jan, 1977 -  
June, 1979, 50%  
Instructor, Dept. of Periodontics, University of  
Tennessee College of Dentistry, Jan. 1977 -  
June, 1979, 50%  
Instructor, Dept. of Biomaterials, University of  
Tennessee College of Dentistry, June, 1979 -  
June, 1980, 100%  
Assistant Professor, Dept. of Biomaterials, University  
of Tennessee College of Dentistry, June, 1980 -  
August, 1983.

Associate Professor and Chairman, Division of  
Biomaterials, University of Alberta,  
Faculty of Dentistry, Sept. 1983.

MAJOR COMMITTEE  
APPOINTMENTS

UTCHS:

Research-Graduate Administrative Council, 1982-1983  
Research Committee, 1982-1983

Task Force to study State, Regional and National  
Manpower Needs for Graduates of Present  
Programs in the Graduate School, 1982-83.

UTCHS College of Dentistry:

Clinic Committee - July, 1979-1983

Dean's Task Force - 1980

Research Committee - 1980-1983

Faculty Development Committee - 1982-1983

Promotions Committee - 1982-1983

University of Alberta Faculty of Dentistry:

Curriculum Committee - 1983

Clinic Advisory Committee - 1984

SUBCOMMITTEE  
APPOINTMENTS

1980 - Committee on Student Accountability

1980 - Chairman, Committee on Packaging and Dispensing  
of Clinical Expendable Supplies

1981 - 1982 - Chairman, Committee on Storage and  
Cleanliness of Student Instruments

1984 - Student Appeals Committee

MEMBERSHIP IN  
PROFESSIONAL  
ORGANIZATIONS

Academy of General Dentistry - 1978-1982

American Dental Association

American Association of Dental Schools

International Association of Dental Research

IADR Dental Materials Groups

Memphis Dental Society - 1977-1983

Tennessee State Dental Association, 1977-1983

American Academy for Plastics Research in Dentistry  
1978-1982

Academy of Dental Materials

Academy of Oral Medicine

American Association for the Advancement of Science

HONORS

National Merit Scholarship

Dean's List (Dental School)

Sidney S. Friedman St. Award in Periodontics

Fellow of the Academy of Dental Materials

AWARDS-EXTRAMURAL  
CONTRACTS/GRANTS

- "Mechanical Properties of Spectrabond Composite" - Den Mat Corporation; 1978, \$1,500.00
- "Bovine Dentinal Dust and a Pulp Capping Agent" - L.G. Noel Memorial Foundation; 1978-1979, \$2,000.00
- "Corrosion and Biological Toxicity of Casting Alloys" - Howmedica Corporation for \$10,000.00, 1981-1982.
- "Effects of Posts on Tooth Roots" - Teledyne Corporation; \$10,000.00, 1982
- "Bonding variables in Dentinal Bonding Agent" - Den-Mat Corporation; \$3,000.00, 1982-1983.
- "Abrasion Resistance of Experimental Composites" - UTCHS Small Grants; \$3,670.00, 1983
- "Toxicity of Copper-aluminum Casting Alloy - Trindium Corporation; \$5,000.00, 1983-1984

POSITIONS HELD IN  
PROFESSIONAL  
SOCIETIES

- Chairman of Constitution and By-Laws Committee - American Academy of Plastics Research in Dentistry
- Executive Board Member - Academy of Dental Materials
- Editor to Establish Dental Materials Journal, 1983.

COMMUNITY AND  
CIVIC ACTIVITIES

- Member Toxicology Affiliates - 1981 - 1983.
- Acting in Germantown Theater, Production "The Amorous Flea", 1977, "Damn Yankees", 1979.
- Singing in Germantown Choral, 1978, 1979.

CONTINUING  
EDUCATION COURSES  
GIVEN:

- Biomaterials, U.T., May, 1982
- Clinical Evaluation, U.T., Oct., 1982 with Dr. Gunnar Ryge.
- Lectures in Restorative Symposium in Dentistry, "Glass Ionomer Cements", "Amalgam and Mercury", February, 1984
- Toxicity of Dental Materials, University of Colorado, April, 1984.

INVITED LECTURES

- 1975 - U.T. Dental Alumni Seminar, Table Clinic
- 1975 - Tennessee State Dental Association, Table Clinic
- "Cyanoacrylate as a Cavity Liner: A Leakage Study"
- 1978 - Hinman Table Clinic, "Zinc Phosphate Cement Frozen Slab Technique"

- 1978 - Tennessee State Dental Association, Lunch and Learn, "Amalgam, New Lamps of Old, Is There a Genie in One?"
- 1978 - Memphis Dental Assistants Society, "Cements In Dentistry"
- 1977 - 78 - Christian Brothers High School, "Career Planning"
- 1978 - 79 - Farmington Elementary School, "Brushing and Flossing", presentation with Dental Hygiene students on National Dental Health Week
- 1979 - Tennessee State Dental Association, Lunch and Learn, "Shedding a Little Light on Composites"
- 1979 - Jackson Study Club, "Hazards in the Dental Environment"
- 1980 - Restorative Study Club, Memphis, "Microfilled Composites"
- 1981 - Northwestern University, Biomaterials Symposium, "Nickel-Chromium Dental Casting Alloys"
- 1981 - Guest Lecture to Northwestern University dental students, "Composites"
- 1982 - Preventative and Community Dentistry Study Club, "Preventive Materials"
- 1982 - Medical University of South Carolina, "Prosthetic Composites"
- 1982 - Memphis Dental Legion, "The Future with Composites"
- 1983 - Gold Foil Operators Study Club, Edmonton, "Composites"
- 1984 - American Prosthodontics Society, Chicago "Biocompatibility of Dental Casting Alloys"

#### CONSULTANTSHIPS

- 1978 - Mucous Membrane Irritation Test for Composites
- 1978 - Toxicity of Composites by Ingestion in Rats
- 1982 - Composite bonding system
- 1983 - Depth of Polymerization of Special Composite

#### TEACHING EXPERIENCE

- 1971- 73 - Tutoring at Iowa State, Courses Tutored: Biochemistry, Biology, etc.
- 1972-73 - As Instructor at Iowa State University, taught and coordinated: Cell Biology
- Courses assisted in: General Biology, Histology, Cell Biology, Physiology
- 1977-83 - As Instructor and Assistant Professor at UTCHS College of Dentistry, have taught and coordinated the following courses:
  - Biomaterials for Dental Hygienists
  - Biomaterials for Dental Assistants
  - Biomaterials for Orthodontics
  - Introduction to Biomaterials

New Materials in Dentistry - Selective  
Biomaterials for Dental Students  
Biomaterials for V.A. Residents  
Biomaterials for Pedodontists

Have given the following lectures:

Lecture on Biomaterials in Review of Dentistry  
CPR Training Oral Surgery Course  
Lecture on Prosthetics in Introduction to Dentistry for  
Dental Hygienists  
Lecture on Operative Dentistry - Dental Hygiene Course  
Biomaterials Review for Board - Dental Hygienists  
Operative Review for Board - Dental Hygienists  
Statistics and Experimental Design

1983 - As Associate Professor of the University of  
Alberta, have coordinated and taught the  
following courses:

Material Sciences in Dentistry, 1st year  
Dental Materials, 2nd year, interim course  
Selective in Dental Materials Research  
Selective Seminar in Dental Materials

Have given the following lectures:

Casting Technique, 2nd year dentistry  
Materials research in orthodontics, Ortho. grad program  
Impression materials, 3rd year dentistry  
Cements, 3rd year dentistry

#### PUBLICATIONS

- Newman, Sheldon M., Valadez, Steven K., Hembree, John, Jr.: Cyanoacrylate as a Cavity Liner under Amalgam Restorations. Journal of Prosthetic Dentistry. 40:422, Oct. 1978.
- Newman, Sheldon M., and Hembree, John Jr.: Comparison of Two systems of Bonding Composite to Porcelain. (IADR Abstr. #879) Journal of Dental Research 57(A): 294, March, 1978.
- Newman, Sheldon M.: Mercury Leakage from Pre-Proportioned Capsules. Journal of the Tennessee State Dental Association. 59(2): 19, 1979.
- Howards, William S., Newman, Sheldon M., and Nunez, Loys J.: Castability of Low Gold Casting Alloys, Journal of Dental Research. 59(5): 824-830, May, 1980.

- Newman, Sheldon M., Chamberlain, R. Thomas and Nunez, Loys J.: Nickel Solubility from Nickel-Chromium Dental Casting Alloys, *Journal of Biomedical Materials Research*. 15: 615-617, 1981.
- Newman, Sheldon M., Schuman, Norman J., Fields, W. Thomas and Nunez, Loys: Dental Students' Grades and Their Relationship to Classroom Attendance. *Journal of Dental Education*. 45(6): 360-361, June 1981.
- Nunez, Loys J. and Newman, Sheldon M.: Sister Chromatid Exchange, Mitomycin C, and Linear Data Plots. *Drug Toxicology and Pharmacological Research*. 3:34-41, 1981.
- Murray, G. Allen, Yates, Jere L. and Newman, Sheldon M.: Ultraviolet Lights and Ultraviolet Light Activated Composite Materials. *Journal of Prosthetic Dentistry*. 46(2): 167-170, August, 1981.
- Newman, Sheldon M., Summitt, Robert L. and Nunez, Loys J.: Incidence of Nickel Induced Sister Chromatid Exchange. *Mutation Research* 101: 67-75, 1982.
- Newman, Sheldon M., Lautenschlager, E., Greener, E.H.: Effects of pH on Corrosion in Chloride Environment, (Abstract #942), *Journal of Dental Research*. 61: 283, March, 1982.
- Ferracane, J.L., Newman, Sheldon M., Greener, E.H.: Correlation of Strength with Degree of Polymerization of Unfilled BIS-GMA resins, (Abstract #832), *Journal of Dental Research*. 61:271, March, 1982.
- Howard, William S., Murray, G. Allen, Newman, Sheldon M., and Nunez, Loys J.: Bond Strengths of Two Porcelains with Low Gold Content Alloys. *Journal of the Tennessee State Dental Association* 62(3): 12-16, July, 1982.
- Waring, Margaret B., Newman, Sheldon M., Lefcoe, D.L.: A Comparison of Engine Polishing and Toothbrushing in Minimizing Dental Plaque Reaccumulation. *Dental Hygiene* 56(12): 25-30, December, 1982.
- Greener, E.H., Newman, Sheldon M.: Development of Microprocessor Control of Potentiodynamic Corrosion Curves (Abstract #879). *Journal of Dental*



Research, 62:267, 1983.

- Nicholson, J.A., Newman, Sheldon M., Harris, E.F.: Strain Effects in Corrosive Environments on Mechanical Properties of Nitinol. (Abstract #164), Journal of Dental Research, 62:298, 1983.
- Querens, F., Newman, Sheldon M.: Evaluation of Selected Physical Properties of Orthodontics Elastic Ligatures, (Abstract #1163), Journal of Dental Research, 62: 298, 1983.
- Newman, Sheldon M., Book Review of Reaction Patterns in Human Teeth. ACFD Newsletter. 16(2): 10-11 Winter, 1983.
- Newman, Sheldon M., Murray, G. Allen, Yates, Jere: Ultraviolet Lights and Ultraviolet-light Activated Materials. Journal of Prosthetic Dentistry, 50(1): 31-35, July, 1983.
- Kaplan, I., Newman, Sheldon M.: Accuracy of Divestment Casting Technique. Operative Dentistry, 8(3) 82-87, Dec., 1983.
- Newman, Sheldon M.: In vitro microleakage study of a copal resin cavity varnish. Journal of Prosthetic Dentistry, 51(4): 499-502, April, 1984.
- Schuman, N., Shiloah, J., Newman, Sheldon M., Kimmelman, J.: Student Performance in Periodontics under Two Clinical Systems: Requirements versus Comprehensive. Annals of Dentistry, 32(2): 56-58, Winter, 1983.
- Newman, Sheldon M., Greener, E.H.: Potentio Dynamic Corrosion of Dental Casting Alloys, (Abstract #789) Journal of Dental Research, 63(3): 258, March, 1984.
- Querens, A., Newman, Sheldon M., Murray, A.: Etched Metal Bonding Bases. (Abstract #555) Journal of Dental Research 63(3): 232, March, 1984.
- Newman, Sheldon M.: A New Version of Light Polymerization Composite Resins. Journal of the Tennessee State Dental Association, 64(2): 15-18, April, 1984.

- Newman, Sheldon M.: "Is Your Bond Guaranteed".  
Journal of the Tennessee State Dental  
Association, 63 (1): 8, 1983.
- Newman, Sheldon M.: "Composites Posterior Restorations",  
Journal of the Tennessee State Dental  
Association, 63(2): 8, 1983.
- Newman, Sheldon M.: "Fluorides are Working", Journal  
of the Tennessee State Dental Association,  
63(3): 9, 1983.
- Newman, Sheldon M.: "That Cast Restoration Still Lasts  
After All These Years", Journal of the  
Tennessee State Dental Association, 64(1): 8, 1984.
- Newman, Sheldon M., Crowder, J.W., Nicholas, C.A.: Gypsum  
Dye Materials: Setting Expansion and Relative  
Hardness. Journal of the Tennessee State Dental  
Association.
- Newman, S.M., Dressler, K. and Grendier, M.: Direct  
Bonding of Orthodontic Brackets to Aesthetic  
Restorative Materials Using a Silane. American  
Journal of Orthodontics.
- Newman, Sheldon M., and Pisko-Dubienski, R.: Effects of  
Composite Restorations on Strength of Posterior  
Teeth (Abstract) ACFD/CADR Conference on  
Canadian Dental Research.

#### ACCEPTED

#### RESEARCH (in progress)

Chemical bonding of composite resins to dentin and enamel.  
Bovine dentinal dust as a pulp capping agent.  
Technique for rebonding orthodontic brackets.  
Testing the castability of dental casting alloys.  
Effects of temperature on composite restorative materials.  
Accuracy of vinyl polysiloxane impression materials.  
Laboratory investigation of Profile as a posterior composite.  
Abrasion resistance of composite restorative materials.  
Dental Casting Alloys: Potentiodynamic corrosion studies,  
atomic absorption analysis of corrosion solutions,  
tarnish resistance, EDAX and ESCA analysis and  
toxicity studies (Ph.D work for Biological  
Materials, Northwestern University)

#### CONTINUING EDUCATION COURSES ATTENDED

Biomaterials - John Hembree, D.D.S., UT., 1977.

New Restorative Materials, Nelson Rupp, D.D.S.,  
Washington University, April, 1977.

T.M.J. Dysfunction Syndrom, William Slagle, D.D.S.,  
U.T., March, 1977.

The New Era in Restorative Dental Materials, Ralph Phillips, U.T., December, 1977.

Evaluation, Diagnosis and Treatment of Occulusal Problems, Peter Dawson, D.D.S., Hinman Meeting, 1978.

Conference for Teachers of Dental Materials, West Virginia University, Nov. 1978, 1983.

Teacher Role and Personal Effectiveness, Larry Lambert, U.T., 1977.

Small Group Discussion, U.T., 1978 Endodontics, U.T., 1979.

Faculty Retreat, Nov., 1981.

IADR Meeting, 1978, 1979, 1980, 1981, 1982, 1983, 1984.

American Academy for Plastics Research in Dentistry, 1981, 1982.

Academy of Dental Materials, 1983, 1984.

Dale Carnegie Course, 1982.

International Posterior Composite Symposium, University of North Carolina, 1982.

Hepatitis "B" New Developments and Vaccine, University of Alberta, 1983.

Using Video-tape Feedback to Improve Instructional Skills, University of Alberta, January, 1984.

Test Construction and Evaluation, University of Alberta, February, 1984.

PROFESSIONAL  
LICENSE

D.D.S. (Tennessee)

ADDITIONAL  
PERTINENT  
INFORMATION

Special Student Advisor: Comprehensive Care Program

Directed the move of the Biomaterials facilities from the Dental Auxiliary Research Institute to the Dental Faculty Building, Sept. 1978-March, 1979.

Assisting on research thesis of:

Jim Lopez, D.D.S., Bonding of Orthodontic Bracket to Enamel

Tommy Thompson, D.D.S., Microleakage of Photofil Composite

Rocky Turner, D.D.S., Microleakage under Cement Orthodontic Bands.

Chairman of Graduate Committee, Orthodontics, U.T.,  
Master's Degree: Bill Pryor, D.D.S., On  
Rebonding Orthodontic Brackets, 1980.

Chairman Graduate Committee, Orthodontics, U.T.,  
Master's Degree: Jim Nicholson, D.D.S.,  
on Nitinol wire strain: Corrosion relationship,  
1982-83.

Chairman Graduate Committee, Orthodontics, U.T., Master's  
Degree: Fred Querens, D.D.S., on Mechanical  
properties of elastics, 1982.

Graduate Committee, Prosthodontics, Northwestern University,  
Master's Degree: Steve Masarini, D.D.S., on  
Castability of dental casting alloys.

Chairman of Graduate Committee, Orthodontics, U.T., Master's  
Degree: Paul Austin, D.D.S., Interrelationship  
between resin viscosity and strain rate with bond  
strength, enamel penetration and microleakage  
in orthodontic bonding technique, 1982-83.

Graduate Committee, Pedodontics, U.T., Master's Degree,  
James Lea, D.D.S., on Clinical Evaluation of Two  
Posterior Restorative Materials, 1983.

Chairman of Graduate Committee, Orthodontics, U.T., Master's  
Degree: Rhonda Hollaway, D.D.S., on Stability  
of Chemically Bonded Orthodontic Adhesive, 1983-84.

Chairman of Graduate Committee, Orthodontics, U.T., Master's  
Degree: Allen Querens, D.D.S., etching of  
Stainless steel brackets, 1983-84.

Graduate Committee, Mineral Engineering, University of  
Alberta, Master's Degree: Robert Sutherby,  
Corrosion Behavior of Surgical Implant Materials,  
1984.

Judge: U.T. Alumni Symposium Table Clinics, 1982.

Chairman of the Editorial Board: College of Dentistry  
Newsletter, 1981-83.

Column in U.T.C.D. Newsletter:

Miracle Materials

"Glass Ionomer Cements"

"Have gun ... Will Travel, Palladium"

"Your Dentistry Could Have a Magnetic Attraction"

NMR in Dentistry

"Is Your Bond Guaranteed"

"That Restoration Still Look Good After All These Years"

"The Rock of Gibraltar"

"Name That Casting Alloy"

"Advance to the Rear, Composites"

"The Information Revolution"

"The Workhorse, Amalgam"

"Biological Aspects of Dental Materials", A Matter of  
Health, WMC Radio, November, 1982.

"Esthetic Dentistry", A Matter of Health, WMC Radio,  
Recorded, June, 1983.

Graduate training at Iowa State was in Cell Biology  
with Techniques of scanning and transmission  
electron microscopy, ultracentrifugation,  
and cell culturing.

"Alice's Mad Hatter Strikes Again" statement on mercury  
toxicity scare to patients for Alberta Dental  
Association, 1983.

Consultant to Pembina Area Sour Gas Exposure Committee.

Write-up in Interactive Microware Newsletter, August,  
1983 on programming entitled "Alloys in  
Dental Research"

CURRICULUM VITAE

## COUNCIL ON EDUCATION

Name GRAHAM, Bruce S.Address 1125 Studley Avenue,HALIFAX N.S. Postal Code B3H 3R8Office Telephone No. 429 - 6000 Area Code 902DATE OF BIRTH: September 26, 1947CITIZENSHIP: CanadianMARITAL STATUS: Married - Linda Margaret AbellCHILDREN: Todd David, born 1978  
Beth Anne, born 1982EDUCATION: Walkerville Collegiate Institute  
Windsor, Ontario  
Senior Matriculation (Grade XIII)University of Windsor  
Pre-dental Education 1965-66University of Toronto  
D.D.S. 1966-70Ohio State University  
M. Sc. Degree (Prosthodontics)  
Certificate in Prosthodontics 1972-74HONORS ANDAWARDS: Dalhousie Dental Students' Society Award  
To the Instructor Contributing the most to  
Students' Improvement in Clinical Dentistry 1979ACADEMICAPPOINTMENTS: Part-time Clinical and Pre-clinical Instructor  
Dept. of Removable Prosthodontics  
Ohio State University, College of Dentistry 1972-74Half-time Clinical & Pre-clinical Instructor  
Associate in Dentistry, Dept. of Removable  
Prosthodontics  
Faculty of Dentistry, U of Toronto 1974-77Assistant Professor  
Div. of Removable Prosthodontics 1977  
Faculty of Dentistry, Dalhousie University Tenure - 1980Associate Professor (1981)  
Head, Div. of Removable Prosthodontics (1980)  
Faculty of Dentistry, Dalhousie UniversityUNIVERSITY Member, Admissions Committee 1978COMMITTEE Chairman, Admissions Committee 1981APPOINTMENTS: Member, Faculty Development Corp. 1977-80

UNIVERSITY COMMITTEE APPOINTMENTS: (Cont'd)

Alternate Member, Joint Manpower Committee  
1979

Member, Ad Hoc Committee on the Role of the University in the Education of Dental Auxiliaries  
1979

Member, Curriculum Committee  
1980-81

Member, Search Committee for the Chairman of Restorative Dentistry  
1980

Chairman of Advisory Committee to the President concerning the appointment of the Dean, 1981

Member, Ad-hoc Committee on Geriatric Dentistry

HOSPITAL APPOINTMENTS:

Member of the Facial Treatment and Research Centre  
Hospital for Sick Children  
Toronto, Ontario  
1974 - 1977

Consultant and Clinical Staff Member  
Dental Department  
Hospital for Sick Children  
Toronto, Ontario  
1974 - 1977

Consultant and Staff Member  
Dental Department  
St. Michael's Hospital  
Toronto, Ontario  
1976 - 1977

PROFESSIONAL EXPERIENCE:

Private General Practice  
Woodstock, Ontario  
1970 - 1972

Part-time Specialty Practice (2 days/week)  
Fixed and Removable Prosthodontics  
Toronto, Ontario  
1974 - 1977

Part-time Specialty Practice (1 day/week)  
Removable Prosthodontics  
Halifax, Nova Scotia  
1977 - present



NATIONAL, PROVINCIAL, AND STATE DENTAL BOARDS:

General Practice Licence  
Royal College of Dental Surgeons of Ontario  
1970 - 1977

General Practice Licence  
Provincial Dental Board of Nova Scotia  
1977

Specialty Licence in Prosthodontics  
Provincial Dental Board of Nova Scotia  
1977

National Specialty Certificate (Prosthodontics)  
National Dental Examining Board of Canada/Royal College of Dentists of  
Canada  
1977

Royal College of Dentists of Canada - Part I - Examination  
1975

Member, Royal College of Dentists of Canada  
1983

RESEARCH INTERESTS AND ACTIVITIES:

Tissue Conditioning and Resilient Denture Lining Materials, with Drs.  
D.W. Jones and E.J. Sutow

Augmentation of the Atrophic Residual Alveolar Ridge

Osseointegration Implants for the Edentulous Patient

PROFESSIONAL SOCIETIES:

Ontario Dental Association  
1970 - 1977

Association of Prosthodontists of Ontario  
1974 - 1977

Association of Prosthodontists of Canada

Canadian Academy of Prosthodontics

Canadian Dental Association

Nova Scotia Dental Association

Society of Dental Specialists of Nova Scotia

Halifax County Dental Society

PROFESSIONAL SOCIETIES:

American Association of Dental Schools  
 International Association for Dental Research  
 Canadian Association of University Teachers  
 Association of Canadian Faculties of Dentistry

POSITIONS HELD IN PROFESSIONAL ORGANIZATION:

Vice-president  
 Association of Prosthodontists of Ontario  
 1976 - 1977

Chairman  
 CDA Council on Education Teaching Conference  
 March, 1980  
 Topic - "Contemporary Removable Prosthodontics in the Dental Curriculum"

Chairman  
 2nd Lorne E. MacLachlan Prosthodontic Teaching Conference  
 October, 1982  
 Topic - Maxillofacial Prosthetics in the Undergraduate Dental Curriculum

Secretary-Treasurer  
 Association of Prosthodontists of Canada  
 1983

PRESENTATIONS:

"The Effect of a Denture Adhesive on the Position of Complete Dentures", Carl O. Boucher Conference, Columbus, Ohio, 1974.

"The Effect of a Denture Adhesive on the Position of Complete Dentures", Canadian Academy of Prosthodontics/Association of Prosthodontists of Canada, 1974.

"Tissue Conditioning Materials in General Practice", Toronto Academy of General Dentistry, Table Clinic, 1974.

"The Role of Retention in Removable Partial Dentures", Ontario Dental Association Meeting, May, 1976.

"Long Term Prosthodontic Treatment of Adolescent Cleft Palate Patients", Third International Congress on Cleft Palate and Related Craniofacial Anomalies, with G.A. Zarb, June, 1977.

"Removable Partial Prosthodontics", Nova Scotia Dental Association/Dalhousie University Continuing Education in Dentistry Course, Sydney, Nova Scotia, November, 1977.

PRESENTATIONS: (Cont'd)

"Aesthetics in Complete Denture Treatment", Removable Prosthodontics Canada, 1978, National Prosthodontic Continuing Education Program, February, 1978.

"Occlusal Rehabilitation with Removable Partial Dentures", Halifax County Dental Society, Table Clinic, April, 1978.

"Occlusal Equilibration", with Dr. E.J. Hannigan, Atlantic Orthodontic Society, May, 1978.

"Functional Impression Materials and Tissue Conditioners - A Laboratory Investigation", with Drs. D.W. Jones and E.J. Sutow, 57<sup>th</sup> General Session of the International Association for Dental Research, March 30, 1979.

"Bony Atrophy: A Surgical - Prosthodontic Dilemma", Graduate Oral Surgery Seminar, April, 1979.

"A Practical Look at RPD's", Dalhousie University Continuing Education in Dentistry/Newfoundland Dental Association, St. John's, Newfoundland, November, 1979.

"A Hard Look at Soft Liners", Canadian Dental Association Annual Meeting, July, 1980.

"Team Treatment for the Adolescent and Adult Cleft Palate Patients", Canadian Craniofacial Society Scientific Session, July, 1980.

"The Integration of Removable and Fixed Partial Prosthodontics", Dalhousie University Continuing Education in Dentistry/Canadian Academy of Prosthodontics, July, 1980.

"The Functional Behaviour of Nine Dental Soft Polymers", International Conference of Metallurgists, Symposium on Bioengineering Materials, August, 1980.

"A Practical Look at RPD's", Dalhousie University Continuing Education in Dentistry, Moncton, New Brunswick, March, 1981.

"Cleft Palate Patient Care" Dalhousie University Continuing Education in Dentistry, Halifax, Nova Scotia, March, 1982.

PUBLICATIONS:

Chapter Contribution: Treatment of the Cleft Palate Young Adult Patient. In: "Prosthodontic Treatment for Partially Edentulous Patients". Edited by G.A. Zarb, B. Bergman, J.A. Clayton and H.F. MacKay. Mosby. 1978.

The Effects of Cemented and Uncemented Endosseous Implants. J. Prosth. Dent. 42: 202-210, 1979. With G.A. Zarb and D.C. Smith.

PUBLICATIONS: (Cont'd)

Functional Behaviour of Nine Dental Soft Polymers, C.I.M. Bulletin, 73: 137, 1980. With D.W. Jones, E.J. Sutow and E.L. Milne.

ABSTRACTS AND MINOR PUBLICATIONS:

1. Long Term Prosthodontic Treatment of Adolescent Cleft Palate Patients. Abstract. Cleft Palate Journal. 14: 350, 1977. With G.A. Zarb.
  - \*\*2. 'Functional Impression Materials and Tissue Conditioners - A Laboratory Investigation', J.Dent.Res.: 58 A, 140 (1979) (with D.W. Jones, E.J. Sutow and E.L. Milne).
  - \*3. 'Functional Behaviour of Nine Dental Soft Polymers' C.I.M. Bulletin 73, 137, July 1980 (with D.W. Jones, E.J. Sutow, and E.L. Milne).
  - \*\*4. 'Flow Characteristics of Denture Soft Lining Resins' (with D.W. Jones, E.J. Sutow, G.K. Opie and E.L. Milne). J.Dent.Res. Special Issue, 60, 587, 1981.
  - \*5. 'Behaviour of Denture Soft Lining Materials Under Simulated Functional Clinical Stresses' (with D.W. Jones and E.J. Sutow), International Congress on Biomaterials, Pretoria, South Africa, 18-20th September 1981.
  - \*\*6. 'Setting Characteristics and Flow of Soft Lining Materials', (with D.W. Jones, E.J. Sutow, G.K. Opie and E.L. Milne). Int. Ass. Dent. Res. Abst. #962, J.Dent.Res. Special Issue 61, 285, 1982.
  - \*\*7. 'Rheology and Strength of Denture Soft Lining Materials' (with D.W. Jones, E.J. Sutow, G.K. Opie and M.L. Briand). International Ass. Dent. Res. Australia. August 1-3rd 1983. Abstract #104. J.Dent. Res. Special Vol. 62, 661, 1983.
  - \*8. Abstract submitted to IADR meeting March 1984, Dallas, Texas. 'Candida Growth and Dynamic Plasticity of Soft Polymer Systems' (with D.W. Jones, E.J. Sutow, and E.E. Jimenez).
  9. Paper submitted to Journal of Dental Research. 'Strength and Rheology of Prosthodontic Soft Polymers' (with D.W. Jones and E.J. Sutow).
  10. Paper submitted to Journal of Prosthetic Dentistry. 'The Current Status of Denture Soft Lining Materials' (with D.W. Jones and E.J. Sutow).
- \* Abstracts but full paper also published on microfilm by the Dental Materials group of IADR.
- \*\* Abstracts only.

CURRICULUM VITAE

## COUNCIL ON EDUCATION

Name THORDARSON, GORDON ROYAddress 1125 West 8th AvenueVANCOUVER B.C. Postal Code V6H 3N4Office Telephone No. 736-3621 Area Code 604

PERSONAL: Born - Selkirk, Manitoba  
Married - two children

EDUCATION: 1955-58 University of British Columbia  
1958-62 University of Manitoba, Faculty of Dentistry  
Received DMD degree  
1962-65 General dental practice  
1965-67 University of Washington, Graduate Periodontics  
1967-76 Private practice - periodontics  
1967-70 Clinical Instructor, part-time, University of  
Washington  
1970-72 Clinical Instructor, part-time, University of B.C.  
1976-82 Clinical Instructor, part-time, University of B.C.  
1977-now Registrar, College of Dental Surgeons of B.C.

ASSOCIATION  
MEMBERSHIP:

Canadian Dental Association  
College of Dental Surgeons of British Columbia  
Interspecialty Dental Society of British Columbia  
Canadian Academy of Periodontology  
Vancouver & District Dental Society

Held a number of positions in organized dentistry,  
Dental Societies, as well as serving in various  
capacities on many committees.

CURRICULUM VITAE

COUNCIL ON ETHICS

Name DR. GERALD G. TURNER  
Address 4 YORK STREET , GLACE BAY  
NOVA SCOTIA Postal Code B1A 2L9  
Office Telephone No. 849-4565 Area Code 902

PAST

Cape Breton Island Dental Society: Secretary, Vice President, President,  
Past President

Dalhousie University School of Dentistry: 1960 graduate

Glace Bay Schools Band Parents Association: President

PRESENT

Glace Bay Community Hospital: Member of the Medical Advisory Committee  
Member of the Medical Staff

Glace Bay General Hospital: Member of the Medical Staff

Nova Scotia Dental Association: Past President \*

Nova Scotia Speech Communication Association: Member of Legislative Council

\* Surrogate

CURRICULUM VITAE

## COUNCIL ON HOSPITAL SERVICES

Name GRYFE, JOHN HOWARDAddress 209-1920 Weston Rd.WESTON Ont. Postal Code M9N 1W4Office Telephone No. 249 - 1415 Area Code 

PERSONAL: Married - Ellen Shuster  
Children - Robert - 18  
Steven - 15  
Andrew - 11

Hobbies - English literature, history of Toronto, Canoeing,  
Photography

EDUCATION: D.D.S. University of Toronto Faculty of Dentistry - 1964  
Rotating Dental Internship: Montreal General Hospital  
Montreal Children's Hospital  
Royal Victoria Hospital - 1964-65  
Graduate School of Medicine, University of Pennsylvania - 1965-66  
Junior Resident, Oral Surgery Doctors Hospital, Toronto - 1966-67  
Senior Resident, Oral Surgery Doctors Hospital, Toronto - 1967-68  
Certification in Oral Surgery - 1968  
Fellowship in Oral Surgery, Royal College of Dentists of  
Canada - 1971

TEACHING: Associate, Dept. of Pathology, Faculty of Dentistry 1968-72  
University of Toronto (General Pathology) - 1983  
Associate, Dept. of Pathology, Faculty of Dentistry,  
U of T (Oral Pathology) - 1969-present

PRACTICE: Senior Active Staff, Dept. of Dentistry, Oral Surgery, Humber  
Memorial Hospital, 200 Church St, Weston, Ont. M9N 1M8

Acting Head, Dept. of Dentistry, Oral Surgery, York Finch  
General Hospital, 2115 Finch Avenue West, Downsview, Ontario  
M3N 2N6

PRIVATE

PRACTICE: 1920 Weston Road, Suite 209, Weston, Ontario M9N 1W4  
2115 Finch Avenue West, Suite 402, Downsview, Ontario M3N 2N6

PROFESSIONAL

MEMBERSHIP: West Toronto Dental Society - President 1977-78  
Academy of Dentistry of Toronto  
Ontario Dental Association  
Canadian Dental Association  
Israeli Dental Association  
Ontario Society of Oral and Maxillofacial Surgeons



PROFESSIONAL

MEMBERSHIP: Canadian Society of Oral and Maxillofacial Surgeons -  
President 1979-81  
Great Lakes Society of Oral and Maxillofacial Surgeons  
International Association of Oral Surgeons  
Alpha Omega Dental Fraternity  
Academy of Medicine of Toronto  
CDA Council on Hospital Services - 1981-present  
CDA Council on Hospital Services - Chairman - 1983-present  
ODA Auxiliary Services Committee - 1981-84  
ODA Hospital Services Committee - 1981-83  
Governor - Ontario Dental Association - 1983-84

PAPERS: 1968 - Branchial Cleft Cyst - Review of Literature and report  
of case "Oral Surgery, Oral Medicine, Oral Pathology  
(co-author)

1968 - Multiple Fractures in Severely Atrophic Mandible - Journal  
Canadian Dental Association (co-author)

1978 - Keratocysts - Review and Report of Multiple Recurrences  
in a Patient  
Published January 7, 1978, Journal Canadian Medical  
Association (co-author)

1983 - The Churchill Syndrome - Report of a new Maxillofacial  
Syndrome - Ontario Dentist

PRESENTATIONS:

1974 - Management of Post Surgical Emergencies - Annual Scientific  
Meeting of the Ontario Dental Association

1977 - Management of Dento Alveolar Injuries - Federation Dentaire  
International - Toronto

1977 - Preprosthetic Surgery for the General Practitioner - Toronto  
Academy of Dentistry (Winter)

1978 - Clinical Oral Pathology for the Dentist - Ontario Dental  
Association - Annual Scientific Meeting (co-author)

1980 - Oral Manifestations of Systemic Disease - Humber Memorial  
Hospital Annual Clinic Day

1981 - Common Clinical Oral Pathology - York Finch General Hospital  
Annual Clinic Day

1982 - What Your Patient is Taking and What It's Doing to Him -  
Sudbury and District Dental Association

1982 - Surgical Emergencies in General Dental Practice - Sudbury  
and District Dental Association

1982 - Oral Surgery for the General Practitioner - Dealing With  
the Complicated Case - Elgin County Dental Association

BOOK REVIEWS:

- 1981 - Richard Maurice Bucke, Medical Mystic. Author, Artem Lozynsky. Published, April 1981 The Journal, The Academy of the History of Dentistry
- 1981 Choices: Realistic Alternatives in Cancer Treatment. Author, Marion Morra and Eve Pots. Published, April 1981 The Journal, The American Academy of the History of Dentistry
- 1982 - History of Dentistry. Author, Walter Hoffman-Axthelm Published, July 1982. The Canadian Dental Association Journal.
- 1982 Dental Analgesia. Author, Gerald D. Allen. Published October 1982. The Journal, The Academy of the History of Dentistry.
- 1983 - The Office of the Future. Author, Ronald Uhlig. Published April 1983. The Journal, The American Academy of the History of Dentistry
- 1983 Oral Premalignancy. Author, I.C. MacKenzie. In press.
- 1983 Remembering the Don - A Rare Record of Earlier Times. Author, Charles Sauriol. Published, Canadian Book Review Annual, 1981.
- 1983 Backroads of British Columbia. Author Liz & Jack Bryan. Published, Canadian Book Review Annual, 1981.
- 1984 River Camping: Touring By Canoe, Raft, Kyak and Dory. Author, Verne Huser. In Press
- 1984 Tackle Box Fishing Guide. Author, Ray Hines, In Press.
- 1984 Abnormal Ageing: The Psychology of Senile and Presenile Dementia. Author, Edgar Miller. In Press.
- 1984 Two Great Scientists of the Nineteenth Century: Correspondence of Emil DuBois - Raymond and Carl Ludwig. Editor, Paul Cranefield. In Press.

CURRICULUM VITAE

## COUNCIL ON INFORMATION SERVICES

Name KAMACHI, YoshAddress 109 Worthington Street WestNorth Bay, Ontario Postal Code PIB 3B3Office Telephone No. 472-3730 Area Code 705

Education: Public and High Schools in Kamloops and New Westminster, B.C.  
B. - University of B.C. - 1956  
D.D.S. - Dalhousie University - 1960

Military: Royal Canadian Dental Corps - ROTP - 1958  
Promoted to Captain in 1960  
Promoted to Major in 1965  
Served in Esquimalt, B.C., Chilliwack, 1 Wing R.C.A.F.,  
Marville, France and CFB North Bay  
Retired from military service in 1969 to practice in North Bay

Professional: President, North Bay & District Dental Society 1975-76  
Chief of Dental Services, North Bay Civic & St. Joseph's  
Hospital 1978-79  
Chairman, Dental Advisory Committee Joint Hospital  
Commission, 1978-79  
Member, Joint Advisory Hospital Advisory Committee 1977-81  
Chairman, Communication's Committee, Ontario Dental  
Association 1977-80  
Member, CDA Council on Information Services 1979 to present  
Chairman, Council on Information Services 1981 to present  
Pierre Fauchard Academy 1980  
Fellowship, Academy of General Dentistry 1979, Member since  
1970 - served as Treasurer & Membership Chairman, Ontario  
A.G.D.

Church: Member First Baptist Church, North Bay  
Chairman of Finance 1977 to present

Community Service: Founder of dental programs training dental assistants &  
hygienists - Canadore College  
Served as an instructor, director, curriculum development  
& Chairman Dental Advisory Committee from 1971-78  
Recipient of "Block Award" for service to College  
Presently involved with in-office training

Concordia Centre - (Nipissing Children's Mental Health Service  
& Delayed Developmental Assessment Services)  
Charter Director 1980  
Resources Chairman 1981-83  
Chairman of the Board 1983-84

Lion's Club: Member since 1968 - served in all executive positions  
President 1978  
Received International Lion's Award for service to hearing  
& speech impaired in 1978.

CURRICULUM VITAE

## COUNCIL ON INFORMATION SERVICES

Name KOLTEK, William TerrenceAddress 202 - 952 Main StreetWINNIPEG, Manitoba Postal Code R2W 3P4Office Telephone No. 586-9613 Area Code 204DATE OF  
BIRTH:

November 16, 1946

EDUCATION:

BSC - Manitoba 1967

DMD - Manitoba 1974

PROFESSIONAL:Associate Private Practice with Dr. Walter Grenkow  
1974-77

Solo Private Practice 1977 - present

Clinical Demonstrator, Faculty of Dentistry,  
University of Manitoba 1978-83COMMITTEES:Past Member - Review Committee - Childrens Dental  
Health Plan  
MDA Public Relations CommitteePresent Member - Editor - MDA Bulletin since 1978  
Vice-President, Winnipeg Dental  
SocietySOCIETIES:Member - Manitoba Dental Association  
Winnipeg Dental Society  
Winnipeg Prosthetic Study Club  
American Equilibration Society  
Society of Occlusal Studies

CURRICULUM VITAE

## COUNCIL ON INFORMATION SERVICES

Name LEBLANC, Clement S.Address 250 Bonaccord StreetMONCTON, N.B. Postal Code E1C 5M6Office Telephone No. 389-2557 Area Code 506

DATE OF BIRTH: December 19, 1934

EDUCATION: Primary - St. Therese School, Dieppe, N.B.

Secondary - Assomption College, Moncton, N.B.

Universities - Bachelor of Science (Major Mathematics  
& Chemistry) 1957

University of Moncton

Doctor of Dental Surgery (honors) 1961  
University of Montreal

MEMBERSHIPS: Examiner - National Dental Examining Board (5 years)  
Member - N.B. Dental Association Board of Directors  
Member - N. B. Dental Peer Review Committee  
Chairman - Dental Association Negotiating Committee  
Chairman - Selection Committee for dental students of  
the Atlantic Provinces for the University  
of Montreal and Laval Dental Schools  
Chairman - Advisory Committee to Provincial Government  
Member - CDA Council on Information Services  
Member - National Dental Examining Board  
Chief - Dental Staff Dr. G.L. Dumont Hospital (8 years)  
President-elect - N.B. Dental Society  
Past-President - Moncton Dental Society  
Chairman - N.B. Dental Society's Examining Board until  
its dissolution three years ago.

OTHER

ORGANIZATIONS: National Director - Boy's Club of Canada  
Member - Advisory Board Moncton East End Boy's Club

Past-President - East End Boy's Club (5 years)

Past-Chairman - Regional Council of Boy's Club of  
Canada, N.B. Chapter

Past-President - Richelieu Club, Moncton, N.B.

Founding President "Cercle Universitaire de Moncton"

Awarded Boy's Club "Silver Key Stone" award. Highest  
award discerned to lay persons by this  
organizations.

Awarded Queen's "Silver Jubilee Medal"

PRESENT

MEMBERSHIPS: N. B. Dental Society  
Canadian Dental Society  
Academy of General Dentistry  
Academy of Dentistry International

## COUNCIL ON STUDENT AFFAIRS

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### REPORT TO ANNUAL CDA BOARD OF GOVERNORS MEETING SEPTEMBER 1984

Members: Mr. Tim Barker, Saskatchewan, Chairman,  
Mr. Roger Hind, University of British Columbia  
Miss Jennifer Côté, University of Alberta  
Mr. Dan Beck, University of Saskatchewan  
Mr. Al Puma, University of Manitoba  
Mr. Rob Graham, University of Toronto  
Mr. Al Gusenbauer, University of Western Ontario  
Mr. Bernard Jolicoeur, Université Laval  
Miss Eileen Margossian, Université de Montréal  
Mr. Greg Lovely, Dalhousie University  
Mr. Jeff Indig, McGill University  
Dr. Ed Busvek, Ontario  
Dr. Alain Thivierge, Ontario  
Dr. Dave McLeod, Golden, British Columbia

Dr. D.L. Thompson, Executive Liaison, Alberta

#### 1. Meetings

The Council has met once since the last Board meeting on April 13, 1984 in Montreal. Mr. Vincent McMaster attended in place of Greg Lovely who could not be present due to final examinations.

#### 2. Items For Information - Not Requiring Board Action

##### 1. Practice Management Manual

Council is pleased to note that the Practice Management Manual has been completed and distributed to all 1984 graduates. Commencing this fall, all third year student members in good standing, will receive the Manual as a membership benefit. Non-members may purchase the Manual for \$20.00.

CDA dentist members may purchase the Manual for a reduced fee of \$12.00.

Translation of the Manual is anticipated before the end of 1984.

##### 2. Student Table Clinic Program

The Student Clinic Program has been officially retitled the CDA/Dentsply Student Clinician Program in recognition of its sponsor - Dentsply International. Commencing with the 1985 Program, a national competition in both the clinical and research areas will be reinstituted with prizes in both categories.



## COUNCIL ON STUDENT AFFAIRS

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### 3. Council Support of the March 31st NDEB Deadline Date

After lengthy discussions, Council reiterated its support of the current NDEB deadline date of March 31st. Council felt that students were adequately notified in advance of the required deadline date, and could budget their finances accordingly. Note was also made of the required two-month processing period for receipt of the certificate and the desire by graduates to receive it as soon as possible.

### 4. Student Membership Figures

Despite a slight decline in membership at Dalhousie and the University of British Columbia, Council is pleased that overall student membership remains high and consistent with previous years at 94.4%.

### 5. CDSC'84

Plans are proceeding to hold CDSC'84 in Montreal from September 26 to 29, 1984. The University of Montreal and McGill University have kindly agreed to jointly host this event.

### 6. Council Guidelines Updated

Council's Policies and Procedures Guidelines have been updated to more precisely define the role and responsibilities of representatives to outside meetings, and procedures surrounding Council elections.

### 7. Representation to Other Meetings

As has been the practice in past years, Council will send a representative to meetings of the -

- National Dental Examining Board of Canada
- CDSPI Benefits Chairmen's Committee
- ACFD House of Delegates
- CDA Council on Education
- American Student Dental Association

### 8. 1984 Fall Membership Campaign

Plans proceed for our fall membership campaign. The format will remain the same with a noted \$1.00 fee increase to \$13.00 per year. Welcome to the Profession events are once again being planned at each dental faculty, with an expanded and combined CDA/ODA information night at the Ontario universities.

COUNCIL ON STUDENT AFFAIRS

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Conclusion

It has been a privilege and a pleasure to have served as Chairman of the Council on Student Affairs this past year. The information and knowledge which I have gained has been invaluable.

I am certain I speak for all members of Council in expressing to the CDA our sincere appreciation for the opportunity to become involved in organized dentistry.

CDA's interest and support of dental students, their programs and concerns is greatly appreciated.

Respectfully submitted,

T. Barker  
Chairman,  
Council on Student Affairs.

ADOPTION OF REPORT:

The Board of Governors accepts the Report of Council on Student Affairs with appreciation.

ASSOCIATION OF CANADIAN FACULTIES  
OF DENTISTRY

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REPORT TO THE ANNUAL CDA BOARD OF GOVERNORS MEETING  
SEPTEMBER 1984

We welcome this opportunity to report to the Board of Governors on some of the actions of the Association of Canadian Faculties of Dentistry/L'Association des Facultés Dentaires du Canada during the months since the last report presented for the April, 1984 meeting of the Board.

A) Annual Meetings

The Executive Council, House of Delegates, the Research and Education Committees, The Section of Dental Hygiene Educators met in Winnipeg, Manitoba, during the period June 9th - 16th, 1984. Also held at this time was the XIII Biennial Conference on Canadian Dental Education and Research which was held on June 12th, 13th and 14th.

We were pleased to welcome Dr. P.R. Crawford, President-elect of the Canadian Dental Association, representing President Robert Hicks. Dr. Crawford spoke to the House of Delegates and brought the Canadian Dental Association message to ACFD/AFDC.

We were also pleased to welcome Dr. Tim Barker representing the CDA Council on Student Affairs. Dr. Barker also addressed the House of Delegates briefly.

Reports were received also from Dr. G. Kravis, Registrar of the National Dental Examining Board and Dean A. Vaillancourt representing the Canadian Fund for Dental Education.

B) The XIII Biennial Conference on Canadian Dental Education and Research

This Conference was held on June 12, 13 and 14 in Winnipeg, in conjunction with the Annual Meeting of ACFD/AFDC.

The Research Component of the Conference dealt with "Imaging Applications in Dentistry", as well as research papers.

The Educational Component dealt with innovations in teaching and the main theme was "Why Failing Students Pass". Dr. Ralph Crawford represented the Canadian Dental Association on a reactor panel at the closing of the Educational Component.

The Conference was deemed to be a great success by those in attendance.

ASSOCIATION OF CANADIAN FACULTIES OF DENTISTRY

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C) Officers

Dean Arthur Schwartz of the University of Manitoba was elected President of the Association for a two-year term 1984-86. Dr. Marcia Boyd was elected for a one year term as Vice-President and Treasurer.

D) CDA Teaching Conferences

(i) 1985

ACFD/AFDC has recommended to the Council on Education that the topic of the 1985 Teaching Conference be "The Teaching of Dentistry to Allied Health Professionals" and that the Chairman be Dr. Patrick Blahut of Dalhousie University.

(ii) 1986

The Executive Council will consider a recommendation to be forwarded to the Council on Education at its November, 1984 meeting.

E) Sections of ACFD/AFDC

The House of Delegates approved in principle the formation of two sections of the Association, namely a Section of Curriculum Coordinators and a section of Clinic Directors.

Work is presently proceeding to finalize the arrangements for these two Sections.

F) Task Force on Strategy for Oral Health Research in Canada

A great deal of progress has been made in this area which was initiated by ACFD/AFDC some two years ago mainly through the energetic organization by Dean A.R. Ten Cate with the assistance of the Canadian Association of Dental Research and the Canadian Dental Association.

We appreciate the high degree of co-operation which exists between our organizations in this very important matter. Plans are currently under way to begin the work of the Task Force.

G) Summer Teaching Institute

We have just been notified by the Canadian Fund for Dental Education of major support over a three-year period for the development and presentation of a Summer Teaching Institute. This Institute will address the needs for the development of teaching expertise among faculty of our dental institutions in Canada. Additional funding is also being sought for this project.

It is planned that the Institute will begin operation in the Summer of 1985.

H) Continuing Education

This Association continues to offer the CDA Committee on Continuing Education its support, and is currently developing plans for being of tangible assistance. A more detailed report of proposed activity in the Continuing Education field will be made to the Board of Governors following the Fall, 1984 meeting of the ACFD Executive Council.

I) Mandatory Prelicensure Period

We understand that the final report of the Ad Hoc Committee which has been investigating this proposal, will be received by the Interim Board of Governors at its September meeting, and we look forward to receiving the report of the Canadian Dental Association in this matter.

It is vital that the Canadian Dental Schools be kept informed of the developments in this area.

J) Director of Accreditation

We are most pleased to welcome Mr. Brian Henderson, who addressed the House of Delegates and who also gave a special presentation to the Section on Dental Hygiene of Dental Hygiene Educators at the meeting in Winnipeg.

Mr. Henderson's comments are timely and well received.

K) Proposed Conference on Dental Office Hazards

This Conference, which was suggested a year ago by ACFD/AFDC has now developed to the point where plans have been almost completed. The matter of arranging suitable funding for the Conference and the setting of a date remain to be finalized.

The Chairman of the Conference will be Dr. Patrick Blahut.

ASSOCIATION OF CANADIAN FACULTIES OF DENTISTRY

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L) Future Annual Meetings

The House of Delegates approved the holding of conjoint meetings with the American Association of Dental Schools and the International Association of Dental Research in non-biennial conference years, beginning with the 1985 meeting scheduled to be held in Las Vegas, Nevada, March 17-20, 1985.

The 1988 annual meetings and the XVI Biennial Conference on Canadian Dental Education and Research will be held in Montreal in conjunction with the meetings of the AADS, AADR, IADR, and CADR.

M) Geriatric Conference 1983

The Education Committee of ACFD/AFDC has been directed to undertake a three-year follow-up study of the recommendations presented to the dental faculties in the Geriatric Conference Report, after which time a teaching conference on the topic of Geriatric Dentistry will be considered for recommendation to the Council on Education and Accreditation.

Respectfully submitted,

G. W. Myers, D.D.S.,  
Executive Director,  
Association of Canadian  
Faculties of Dentistry.

ADOPTION OF REPORT:

The Report of the Association of Canadian Faculties of Dentistry received as information by the Board of Governors, with thanks.



## CANADIAN DENTAL HYGIENISTS' ASSOCIATION

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### REPORT TO THE ANNUAL CDA BOARD OF GOVERNORS MEETING SEPTEMBER 1984

The Canadian Dental Hygienists' Association welcomes this opportunity to report to the Board of Governors on some of the activities during this term of office.

#### 1. Permanent Office Space

The Fall of 1983 marked the 1st Anniversary of Carol Worobey as Executive Secretary for the CDHA. To commemorate this occasion, a permanent office for the Canadian Dental Hygienists' Association was found at 1320 Carling Avenue, Ottawa, Ontario. 1-613 728-8730.

#### 2. Educators Workshop

The CDHA, once again, had the pleasure to assist with funding the dental hygiene educators workshop in Vancouver in September 1983. We also thank the CFDE for the major role they played in funding and supporting this beneficial conference.

#### 3. Clipping Service

The CDHA continues to appreciate the opportunity to receive the benefits of CDA's clipping service.

#### 4. Canadian Fund for Dental Education

Since dental hygiene is very much a part of CFDE, CDHA would like to see this reflected in the activities of the CFDE Board. Thus, in April 1984 the CDHA submitted a proposal to the CFDE Board of Trustees that consideration be given to its Association re: the development of a workable arrangement in the form of a representative to liaise between these two groups. It is with disappointment that this request has again been denied.

#### 5. Convention '84

Members of the CDHA Executive had the opportunity to meet with the President and Executive Secretary of the Professional Corporation of Dental Hygienists in Quebec as well as executive members of the QDHA to discuss informally various aspects of the profession. Concern was expressed to the CDHA that dental hygienists from Quebec do not become members of the National Association, primarily due to the language communication problem and secondly due to the high cost of belonging to the Corporation, QDHA and CDHA.



## CANADIAN DENTAL HYGIENISTS' ASSOCIATION

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Hence the CDHA continues to investigate a method for incorporating Quebec Dental Hygienists as a collective member of CDHA.

CDHA was the recipient of a Federal Grant to assist with translation costs for Convention '84.

### 6. Interim Meeting of CDA Board of Governors

Members of CDHA Executive Council appreciated the opportunity to attend the 1984 CDA Board of Governors Interim meeting.

CDA is to be commended for the progress being made in resolving the accreditation situation in Quebec. Portability and the special problems vis a vis accreditation of dental hygiene programs continues to be an item of concern for our membership.

Also, relating to dental auxiliary education in Canada, it met with our pleasure that a CDHA representative be included in the composition of the new CDA Council on Education and Accreditation.

A cordial, informal meeting between the CDA and CDHA Management committees also occurred in Montreal, which afforded executive members of each association the opportunity to exchange ideas and promote good will, a practice which CDHA would like to encourage annually.

### 7. Community Dental Health

An educational resource kit for the geriatric age group is in the developmental stages. The content will address the issues of healthy lifestyles through the aesthetic and functional benefit of oral health, self care for oral health and oral health care which may be provided to the elderly by others.

Intended users will be professionals, non-professionals and elderly individuals while the target groups are the elderly and those who care for the elderly whether professional or non-professional.

Copies of the posters which are now available will be used as the front cover photograph and theme for the kit.

#### 8. Canadian Armed Forces

Since it has been recommended that a more active membership be promoted throughout the Canadian Armed Forces the CDHA Board has approved a resolution stating that the Canadian Armed Forces be allocated a director position. This will facilitate better communications with the military dental hygiene community and enable them appropriate representation at the annual Board Meeting.

#### 9. CDHA Board Meeting '84

Due to the exceedingly short term between Convention '83 and Convention '84, it was the decision of the CDHA Board of Directors to hold the '84 annual meeting in October, thus providing a full year in which the Executive members would hold office. However the original format of Annual Board Meeting/National Convention will resume in Ottawa in 1985.

#### 10. 1984-85 Executive

|                     |                                                         |
|---------------------|---------------------------------------------------------|
| President           | Laura Mowat, Edmonton, Alberta                          |
| President-elect     | Audrey Newcombe, Tyne Valley, P.E.I.                    |
| Past-President      | Mary Pelletier, Moncton, N.B.                           |
| Executive Secretary | Carol Worobey, 1320 Carling Avenue,<br>Ottawa, Ontario. |

Respectfully submitted,

Carol Worobey,  
Executive Secretary  
Canadian Dental  
Hygienists' Association

#### ADOPTION OF REPORT:

The Report of the Canadian Dental Hygienists' Association received as information by the Board of Governors, with thanks.

## CANADIAN FUND FOR DENTAL EDUCATION

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### REPORT TO THE CDA ANNUAL BOARD OF GOVERNORS MEETING SEPTEMBER 1984

#### Tribute to Murray McDonald

1. At the outset of my report to you I wish to pay tribute to Murray McDonald who, as you will know, died in Toronto on June 9, 1984.
2. Murray joined our profession in 1967 and everyone is keenly aware of his dedicated service to the Canadian Fund for Dental Education as its Executive Director for fifteen years and as Consultant to the Fund from 1982 until the time of his death. Under his capable leadership CFDE grew from a humble beginning into an organization that has now provided close to two million dollars in support of dental education, research and service.
3. What some of you may not realize is that Murray McDonald also held the office of Comptroller of the Canadian Dental Association from 1967 to 1975. As a Past-President of this Association I can say with a conviction, born of my experience of working with him, that he has truly served CDA well.
4. Murray was without question one of the most personable and gifted people ever associated with the profession of dentistry in Canada. He earned the respect of all who knew him and in him we lose a dear friend and loyal supporter. Murray has enriched our lives and our profession in many ways and for that we shall always be grateful.

#### 1984 Annual Meeting

5. I last reported to your Board at its interim meeting in April of this year. Shortly thereafter, on April 29-30, CFDE's twenty second annual meeting was held and it gives me much pleasure to provide you with a summary of the proceedings of that meeting.
6. All Trustees and staff members were in attendance. I was particularly pleased to welcome Dr. William F. Campbell of Winnipeg, our new Trustee representing the provinces of Manitoba and Saskatchewan.
7. The minutes of last year's Board of Trustees meeting and Review & Management Committee meeting were approved as distributed.

#### Auditors

8. The Trustees accepted and approved the auditors' report and financial statements for the year ended December 31, 1983, and appointed the firm of Thorne Riddell to serve as the Fund's auditors until the next annual Board meeting.

## CANADIAN FUND FOR DENTAL EDUCATION

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### Advisory Committee on Fellowship Selection

9. The Advisory Committee on Fellowship Selection met on April 26 and Chairman Dr. John Speck attended part of the Fund's annual meeting to present his report to the Trustees.
10. It will be recalled that at last year's Advisory Committee meeting consideration was given as to how the number of applications for CFDE's fellowship for an existent university dental teacher (sponsored by Warner-Lambert Inc.) could be increased. Since the number of study programs qualifying for the award with a minimum duration of one month is relatively small, the Committee's recommendation to consider applications for study periods of a lesser duration was approved by the Trustees in 1983.
11. While the dental schools were advised of the change in eligibility, this did unfortunately not result in an increased number of requests, and the Committee felt that the few applications received did not properly meet the criteria set for the award.
12. Therefore, the Trustees approved the Advisory Committee's recommendation to extend the deadline for this fellowship to June 30, 1984, and to forward a letter to the deans of the dental schools inviting additional applications for this year's award.
13. Eight dentists reapplied for fellowship assistance and the Committee recommended that all be supported again in 1984.
14. Thirteen new applications were received from dentists and the Committee recommended two for support. Most of the remaining applications did not have a commitment for at least half-time employment at a Canadian dental school upon completion of the study program, and while in 1983 the Trustees approved a recommendation that such applications would be considered by the Fund, it was felt that CFDE did not have sufficient funds this year to make any awards in that category.
15. Six dental hygienists applied for fellowships and four were recommended for support.
16. The Committee selected Mrs. Patricia Johnson, a dental hygienist, as this year's recipient of the Henry M. Thornton Fellowship. Mrs. Johnson is enrolled in a Ph.D. Program in Community Health at the University of Toronto. This fellowship carries an added value of \$1,000.
17. All of the above fellowships were approved by the Board of Trustees at a total value of \$63,000.

18. In addition the Trustees considered, at the Advisory Committee's request, suggested changes in guidelines for fellowships to dental hygienists, raising the ceiling of university and/or residency support which is taken into consideration when determining CFDE fellowships, and the obligation of three fellowship recipients to the Fund.
19. The task carried out by the Advisory Committee is a most important one as the awarding of teacher training fellowships has always been and continues to be one of the Fund's major programs. The Trustees are extremely cognizant and appreciative of the invaluable assistance given by the members of the Committee and express to them their sincere gratitude.
20. As you may know, the Committee members are appointed for a three year period, and while this does not normally occur, this year all three members completed their term of office. In an effort to provide continuity on the Committee, the Trustees decided to ask Dr. John Speck to serve for one more year as its Chairman. Two prominent educators have been nominated to serve on the Committee and their appointment awaits confirmation.

#### Grants Approved

21. In addition to the above fellowships, the Trustees were pleased to approve the fellowship grants that will benefit dentistry in 1984 and 1985. Before commenting on our ongoing commitments, I would like to report on two exciting new projects.
22. Representatives from ACFD and CFDE have met on several occasions to discuss the possibility of CFDE's financial support for a Summer Teaching Institute developed by ACFD. Most recently Dr. John Eisner, Chairman of ACFD's Education Committee, attended our Board of Trustees meeting in order to provide complete details of the program and answer any pertinent questions. Put very briefly, the purpose of the Institute is to improve teaching skills, particularly in the summer prior to the beginning of a faculty member's first appointment or between the appointee's first and second year of teaching. While the summer program is a major feature of the proposal, the long-term success of this faculty development project is directly linked to its second component, a one week follow-up program to be held at all ten faculties. The CFDE Trustees are convinced that the long-term benefits of the Institute will be significant and, therefore, approved a grant of up to \$20,000 to assist with 1985 funding. It is anticipated that substantial additional monies will be required, particularly in 1985, the first year of operation. With this in mind an application for funding assistance over a three year period will be submitted to the Kellogg Foundation.



23. The prospect of sponsoring visiting lecturers who might bring to dental students and probably also to faculty and local practitioners the privilege of hearing an outstanding presentation which otherwise would not be available, has always enjoyed a high priority with CFDE's Trustees.

Obviously the lecturer and subject matter would be of prime importance to the success of such a venture. I am confident we have now found an outstanding lecturer in the person of Dr. William F. May, whose academic position at present is Professor of Ethics at Georgetown University in Washington, D.C. Dr. May gave the keynote address in the all-morning symposium "Ethics in Dentistry" at the American College of Dentists' meeting in California last October. Those of us privileged to hear Dr. May have no doubt that anyone connected with the profession of dentistry will benefit from one of his lectures. I am pleased, therefore, to report that a grant of \$6,000 was approved at our recent Board meeting which will enable Dr. May to lecture at approximately half of the Canadian dental schools in the 1984/85 year. We hope to complete similar arrangements in 1985/86.

24. Again this year an unrestricted grant of \$1,500 will be awarded to each of the ten dental school deans. In these financially difficult times the grants are most helpful to the deans in funding programs not otherwise provided for in the school budgets.

25. Last year I reported to you that CFDE had doubled its help for undergraduate students from the previous \$500 to \$1,000 per dental school. I am pleased to let you know that the grants were used in several schools to provide scholarships, in others to assist students with their summer research programs, to help with the expenses for student table clinics, etc. The Trustees decided to provide a grant of \$1,000 per dental school for the benefit of undergraduate students again this year.

26. A total of \$18,000 was allocated in support of the 1984 Student Table Clinic Program and Students' Conference. The Student Table Clinics, as you know, were held during the CDA convention in Montreal earlier this year and the Students' Conference is scheduled for September 26-29 also in Montreal.

27. You are aware that for many years CFDE has provided substantial funding for the Biennial Conference on Dental Research and Education and this year is no exception. A grant of \$12,500 has been approved in support of the 13th such meeting held this month in Winnipeg.

28. The subject of this year's Teaching Conference is "Dental Biomaterials". The meeting will be held at CDA Headquarters October 31 to November 1 under the Chairmanship of Dr. Dennis Smith of the University of Toronto. CFDE will underwrite the total cost of the meeting estimated at \$7,600.

CANADIAN FUND FOR DENTAL EDUCATION

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29. The Lorne E. MacLachlan Endowment Fund will earn income of \$10,875 this year. The terms of the endowment call for the money to be used for teacher education and training in Removable Prosthodontics at the Universities of Toronto, Western Ontario, McGill and Dalhousie. It is most gratifying to report that, including 1984, through his endowment Dr. MacLachlan has provided a total of \$75,000 for the benefit of his profession.
30. The CFDE Trustees are keenly interested in the promotion of public awareness in the value of good dental health. As an initial step late in 1983 a grant of \$2,000 was approved in support of CDA's 1984 dental health month. The Trustees allocated a total of \$8,000 this year for the promotion of dental awareness through dental health month and a summer student program.
31. In connection with the above, the Trustees were most interested to learn from Mr. Drouin that the CDA Governors will, at this meeting, give consideration to recommendations for an effective dental awareness program. We at the Fund await with anticipation the decisions made by you on this important matter.
32. Again this year \$2,000 will be made available to the Ontario Dental Hygienists' Association for educational programs. The cost is underwritten by a corporate sponsor.
33. Several smaller grants were approved and they include support for conferences on Periodontology and Auxology as well as dental technology scholarships.
34. The above grants total over \$180,000 and the Trustees are justifiably proud to be in a position this year to approve this record level of support for the benefit of the profession and the public.
  - (a)  
a spring mailing reporting on what CFDE  
is doing in 1984 for the benefit of  
dentistry, and
  - (b)  
an appeal for funds to be mailed shortly  
before "October - CFDE Month";
    - a selective mailing towards the end of the year to previous dentist  
supporters who have not contributed in the current year.



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Health Screening Program

35. Mr. Drouin reported that the CDA Convention Committee is at present investigating various ways of incorporating a health screening program at the 1985 Convention in Ottawa. He will inform the Trustees of further developments and it was agreed that CFDE's possible involvement will be discussed again at the 1985 annual meeting of the Fund.

Fund Raising

36. Again this year the Trustees decided to follow the established pattern of forwarding:

- an appeal letter to business and industry in the spring;
- two mailings to the profession

37. In addition the Trustees approved:

- the production and mailing of a new booklet re deferred giving, endowment and estate contributions to those members of the profession who graduated twenty-five years and more ago.
- the development of a new leaflet briefly outlining facts about CFDE to be distributed to dentists, students, auxiliaries, dentally related companies, etc.;
- the development of new advertisements
- to continue the telephone solicitation program in Toronto which was initiated in 1983, and to conduct a test program in the City of Vancouver
- to accept ACFD's offer of fund raising assistance;
- to produce a 1984 campaign kit for regional Trustees.

38. The Trustees also gave consideration to conducting a lottery in the province of Ontario, and perhaps others, as a means of raising funds for CFDE. Dr. Sidney Golden offered his assistance in undertaking such a project in 1985.

Canadian Dental Hygienists' Association/Representation on CFDE Board of Trustees

39. Again this year a request had been received from the President of the Canadian Dental Hygienists' Association for the appointment of a member of the Association to liaise with CFDE, the duties of this representative to include attendance at CFDE Board meetings as an observer.

## CANADIAN FUND FOR DENTAL EDUCATION

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40. After careful consideration the Trustees decided that a CDHA representative may be invited to attend portions of CFDE meetings which pertain to subject matters of direct interest to dental hygiene.

### Board of Trustees

41. Dr. Robert Dupont has served on our Board of Trustees for six years and his final term of office expired this year. We are grateful for his contribution to CFDE and dentistry and wish him well in the future.
42. After consultation with CDA officials it is my pleasure to nominate Dr. Louis Bernier for appointment as a CFDE Trustee to represent the province of Quebec on our Board.
43. Mr. Fred Heaps, whose first term of office expired in 1984, kindly agreed to serve for a second term of three years.
44. The Trustees appointed Mr. Douglas Rutherford to serve as Vice-Chairman of the Fund for the next year.

### Review and Managment Committee

45. The Committee, comprised of the Chairman, Vice-Chairman, Mr. Hubert Drouin and Dr. Sidney Golden, was reappointed to serve until the 1985 annual meeting.

### CDA Support

46. CDA's financial support of our programs is at present \$1,000 per annum and I urge you to seriously consider a substantial increase in that amount. I am convinced you will agree that the current level of support received from the profession's national association is extremely low when compared with that of other organizations and also when compared with the size of donations received from CDA in previous years which reached a high of \$19,000 in 1973.
47. I indicated to you earlier that the Trustees were pleased to approve a record level of grants of more than \$180,000 at this year's annual meeting. To meet our commitments, we are obviously counting on many of our supporters, including CDA, to increase their gifts this year.

Appreciation

48. The Canadian Dental Association has always assisted the Fund's programs in many ways, e.g. through its financial help and excellent coverage in the Journal, to mention just two.
49. I wish to take this opportunity to express to you as Governors of CDA the Trustee's sincere appreciation for the Association's continuing interest in and support of the Fund's activities.

Respectfully submitted,

David K. Peters, D.D.S.,  
Chairman  
CFDE Board of Trustees

NOTE: The Board was pleased to approve the appointment of Dr. Louis Bernier as CFDE Trustee representing the province of Quebec.

ADOPTION OF REPORT:

The Report of the Canadian Fund for Dental Education received as information by the Board of Governors, with thanks.

## ROYAL COLLEGE OF DENTISTS OF CANADA

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### REPORT TO THE ANNUAL CDA BOARD OF GOVERNORS MEETING SEPTEMBER 1984

The College held its 1984 Annual Meeting and other functions in conjunction with the CDA Annual Meeting in Montreal in April

The Council welcomed three new Councillors for the term 1984-87:

Dr. Charles G. Baker, Oral Radiology

Dr. Claude Baril, Orthodontics

Dr. Guy Maranda, Oral and Maxillofacial Surgery

Dr. Marshall D. Peikoff was elected to Council as its representative on the Executive Committee for a one-year term. Leaving the Council after many years of service were Dr. Paul Luxford, Oral and Maxillofacial Surgery, and Dr. Doug Stoneman, Radiology.

Convocation was held on April 7th at Redpath Hall, McGill University, and 15 Fellowships and 35 Memberships were awarded. Honorary Fellowship was conferred on Dr. Ronald E. Jordan, Associate Dean, Clinical Affairs, University of Western Ontario. Convocation was followed by a superb Annual Dinner at the Faculty Club at McGill University.

Highlights from the Council meeting were:-

Annual dues will be raised by 15% in 1985. They have not been increased since 1980.

Consideration was given to moving the College's headquarters to Ottawa. While it was agreed that such a move is desirable in the long term and has been approved in principle, this matter was deferred for review at some future date.

Examination eligibility requirements were slightly amended for the disciplines of Dental Public Health, Oral Pathology and Oral and Maxillofacial Surgery.

Dr. Ralph Brooke was appointed Chairman of the Credentials Committee for the term 1984-87.

A lively and fruitful discussion took place between invited representatives of the CDA's Council on Education (Dr. K.C. Bentley), the N.D.E.B. (Dr. G. Kravis and Dr. N. Layton), and the Provincial Registrars (Dr. G. Peacock). It is hoped to continue the practice of inviting representatives from other organizations to future meetings and at some point include an officer of the CDA for the purpose of discussing mutual concerns and interests.

A symposium on Facial Pain will be held by the College on September 30, 1985 in Ottawa under the general chairmanship of Dr. K. C. Bentley, who will be liaising with Dr. John Hardie, the CDA's scientific chairman for the 1985 meeting.

The College has received a record number of applications for its Membership Examinations in June, 1984. Numbers of candidates in appropriate specialties are:-

|                      |           |
|----------------------|-----------|
| Dental Public Health | 2         |
| Endodontics          | 6         |
| Oral and Max Surgery | 8         |
| Oral Pathology       | 3         |
| Orthodontics         | 6         |
| Paedodontics         | 3         |
| Periodontics         | 7         |
|                      | <u>35</u> |

I thank the Board of Governors for providing this opportunity to report on the College's most recent activities, and wish the Board a successful and productive meeting.

Respectfully submitted,

Dr. K. J. Paynter  
President.  
Royal College of  
Dentists of Canada

**ADOPTION OF REPORT:**

The Report of the Royal College of Dentists of Canada received as information by the Board of Governors, with thanks.

## CANADIAN ACADEMY OF ORAL PATHOLOGY

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### REPORT TO THE ANNUAL CDA BOARD OF GOVERNORS MEETING SEPTEMBER 1984

The 18th annual meeting of the Canadian Academy of Oral Pathology was held at the Boston Park Plaza Hotel, Boston, Massachusetts, on May 9, 1984. Dr. G. P. Wysocki (University of Western Ontario), the President of the Academy, chaired the meeting.

Two new active members were accepted into the Academy. They are Dr. J. G. Lovas (Dalhousie University) and Dr. S.L. Ahing (University Manitoba).

Based on the Nominating Committee's report, nominations from the floor and a subsequent election the following are the Executive and Committees of the Canadian Academy of Oral Pathology for 1984/85.

|                                                    |                                                                                  |
|----------------------------------------------------|----------------------------------------------------------------------------------|
| President:                                         | Dr. G. P. Wysocki                                                                |
| President-elect:                                   | Dr. D. Mock                                                                      |
| Vice-President:                                    | Dr. D.G. Gardner                                                                 |
| Sec.-Treasurer:                                    | Dr. R. W. Priddy                                                                 |
| Membership Committee:                              | Dr. B. Blasberg (1 yr.)<br>Dr. J. Hardie (2 yrs.)<br>Dr. C. Kilmartin (3 yrs.)   |
| Nominating Committee:                              | Dr. W. Maxymiw (1 yr.)<br>Dr. B.B. Harsanyi (2 yrs.)<br>Dr. R.L. Brooke (3 yrs.) |
| Professional and<br>Public Relations<br>Committee: | Dr. W. T. McGaw (1 yr.)<br>Dr. M. M. Cohen (2 yrs.)<br>Dr. J.G.L. Lovas (3 yrs.) |

Dr. Priddy (University of B.C.), Secretary-Treasurer of the Academy, will compile an updated CAOP membership list for the Specialties Section of the Canadian Dental Association. In addition, Dr. Priddy will collate relevant past records (minutes, reports, etc.) of the CAOP and will submit this file to the Canadian Dental Association for inclusion into their archives. The Academy will not, at this time, establish a central office at the Canadian Dental Association's headquarters in Ottawa.



The members discussed at length the establishment of Oral Medicine as a Dental Specialty and moved to set up an Ad Hoc Committee to study this question in depth. Dr. Wysocki will chair this Committee, to be composed of three additional members of the Academy. This Committee will submit its report at the next annual meeting of the CAOP.

In view of the results of a poll of the CAOP membership regarding the possibility of a joint CDA/CAOP meeting in Ottawa in 1985, the membership agreed that the Academy will not hold the 1985 annual meeting in Ottawa. Economic factors and academic considerations were some of the major considerations in this decision.

The 19th Annual Meeting of the Canadian Academy of Oral Pathology will be held in Kansas City in May 1985, in conjunction with the Annual Meeting of the American Academy of Oral Pathology.

Respectfully submitted,

R. W. Priddy,  
Secretary-Treasure,  
Canadian Academy of  
Oral Pathology.

#### ADOPTION OF REPORT

The Report of the Canadian Academy of Oral Pathology received as information by the Board of Governors, with thanks.



CANADIAN ACADEMY OF ORAL RADIOLOGY

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REPORT TO THE ANNUAL CDA BOARD OF GOVERNORS MEETING  
SEPTEMBER 1984

During the last twelve months, two meetings of the Academy have occurred. The twelfth Annual Meeting was held at Toronto on August 21 and 22, 1983. The following papers were presented:-

"Xeroradiography" - Dr. Dale Miles

"Osteoblastoma of the Temporal Bone" - Dr. Mike Pharoah

"Radiopacity of Dental Materials and Foreign Bodies" - Dr. Colin Price

"Image Quality with E-speed Dental Films and Screens" - Dr. Stan Kogon

"KVp in Dental Radiography" - Dr. John Reid

"Incidence of Suppression of Teeth in Saudi Arabia" - Dr. Axel Ruprecht read by Dr. Sid Fireman

"When Radiology and Pathology are Polarized" - Dr. Doug Stoneman

The thirteenth Annual Meeting was held preceding the CDA Meeting in Montreal on April 8, 1984. The program was as follows:-

"Real, Double and Ghost Images in Panoramic Radiography" - Dr. Robert Langlais

"Magnetic Resonance Imaging - Artifacts Caused by Dental Materials" - Dr. Colin Price

"Chordoma - a Case Report" - Dr. F. G. Kellam

"Survey of X-ray Facilities in Dental Offices" - Dr. John Reid

"A Case of Schneiderian Papilloma" - Dr. Robert Langlais

The Officers, elected at the 1984 meeting for the next three years are:-

|                                               |                    |
|-----------------------------------------------|--------------------|
| President                                     | Dr. C. G. Baker    |
| President-elect                               | Dr. D. Forest      |
| Secretary-Treasurer                           | Dr. C. Price       |
| Education Committee Chairman                  | Dr. C. G. Baker    |
| Membership Committee Chairman                 | Dr. J. W. Halip    |
| Constitution & By-Laws Committee<br>Chairman  | Dr. F. W. Musaph   |
| Historical Documentation Chairman             | Dr. H. G. Poyton   |
| Public and Professional Relations<br>Chairman | Dr. D. W. Stoneman |

The Academy is comprised of two Honorary, 18 Active, and 19 Associate Members.

The Constitution and By-laws have been recently updated, approved by the Academy and forwarded to the Canadian Dental Association.

The proposed amendments to the Radiation Emitting Devices Act have been discussed, and additionally the relevance of Bill C-5 which appeared to facilitate the implementation of the Act.

While a member of the Academy had provided informal input to the Canadian Dental Association concerning the drafting of the Guidelines for the Control of Radiation in the Dental Office, no formal discussion had occurred within the Academy until the twelfth Annual Meeting. These Guidelines generated discussion at the two meetings and also responses by mail to a questionnaire. Constructive comments from these sources are being supplied to the CDA.

It was agreed that any modification of the CDA pamphlet "Dental X-rays Show Hidden Problems" would be difficult and controversial but attempts are to be made to develop a pamphlet emphasizing the benefits of oral radiography.

The American Dental Association Requirements for Recognition of Dental Specialties were discussed at both meetings. It was agreed that the modifications in the final form of these Requirements were an improvement on the earlier draft copies.

Other issues discussed during the year have included:

CDA Requirements for the Accreditation of Graduate/Post-Graduate Programmes in Oral Radiology

The report of the Committee on National Health Strategies, Health and Welfare Canada

Revenue Canada interpretation relating to non-profit organizations and to professional management companies.

While, in general, efforts are made to hold meetings concurrently with the annual CDA meetings, it was decided that the next meeting, September 29 to October 2, 1985, was at an inconvenient time for most members. Agreement was reached to convene the fourteenth Annual Meeting at London, Ontario, on Sunday, June 2, 1985, under the chairmanship of Dr. John Reid.

Respectfully submitted,

Dr. Colin Price  
Secretary/Treasurer  
Canadian Academy of  
Oral Radiology

ADOPTION OF REPORT:

The Report of the Canadian Academy of Oral Pathology received as information by the Board of Governors, with thanks.

REPORT TO THE ANNUAL CDA BOARD OF GOVERNORS MEETING  
SEPTEMBER 1984

The 36th Annual Meeting of the Canadian Association of Orthodontists was held in Montreal from April 7 to 10, 1984. Under the direction of General Chairman Dr. Oleg Kopytov of Montreal, the meeting established new records for registration and net revenue. The scientific sessions were extremely successful, while the business meetings provided a national forum for communication and discussion.

Elected to the Executive for a term of one year commencing October 1, 1984 were:

|                    |                                   |
|--------------------|-----------------------------------|
| President          | Dr. Ian M. Milne, Ottawa          |
| Past President     | Dr. Frank E. Shamy, Montreal      |
| President-Elect    | Dr. Morley L. Bernstein, Montreal |
| 1st Vice President | Dr. Oleg S. Kopytov, Montreal     |
| 2nd Vice President | Dr. Wayne Barro, Dartmouth        |

Dr. Jean Louis Ares, Executive Director since 1980, will retire as at December 31, 1984 after five years of dedicated service. He has been a pillar of strength about which the C.A.O. has grown and developed, and the C.A.O. will be forever grateful for his giant contribution to organized orthodontics in Canada.

To replace Dr. Ares, administrative reorganization of the management of the C.A.O. will take place at an ad-interim meeting of the C.A.O. Board of Directors on September 23 and 24, 1984 in Ottawa.

Highlights of C.A.O. activities during the past six months have included:

- 1) Publication of a Newsletter in July, by Editor Dr. Walter Pilutik of Vancouver.
- 2) Publication of the 1984 C.A.O. Directory by Editor Dr. Morley Bernstein of Winnipeg. This Directory, which lists all Canadian orthodontists, has been computerized for the first time.
- 3) The first meeting of officers of the Canadian Association of Orthodontists and the American Association of Orthodontists took place on May 13, 1984 in Kansas City, Missouri, during the 84th Annual Session of the A.A.O. Amicable and frank discussion took place on a number of important issues, and decisions taken at this historic meeting should strengthen the already close ties between the two organizations.

This meeting of officers of the A.A.O. and C.A.O. will be continued on an annual basis, the next one to take place in Las Vegas in 1985.

- 4) Three C.A.O. members who had achieved the distinction of being dentists for forty years were honoured at the Annual C.A.O. Luncheon on April 9, 1984 in Montreal. Certificates of Life Membership were awarded to Dr. Charles Asselin of Montreal, Dr. Bert Levin of Toronto, and Dr. Art Fraser of Vancouver.

The next C.A.O. Annual Meeting and Scientific Sessions will be held in Ottawa in conjunction with the C.D.A. meeting in September, 1985.

Respectfully submitted,

Frank E. Shamy, B.Sc., D.D.S., M.Sc.,  
President,  
Canadian Association of Orthodontists.

ADOPTION OF REPORT

The Report of the Canadian Association of Orthodontists received for information by the Board of Governors, with thanks.

## ASSOCIATION OF PROSTHODONTISTS OF CANADA

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### REPORT TO THE ANNUAL BOARD OF GOVERNORS MEETING SEPTEMBER 1984

The annual meeting and scientific session of the Association of Prosthodontists of Canada was held in Vancouver September 24 and 25, 1984. Dr. Jean Nadeau, of Université de Montréal, a charter member of the Association, was awarded life membership.

The A.P.C. Ad Hoc Committee on Guidelines for Graduate and Post-Graduate Prosthodontic Education in Canada is preparing its report for submission to the Executive Council of A.P.C.

The A.P.C. position paper on the Status of Dental Implants was prepared by Dr. George Zarb, approved by A.P.C., and forwarded to CDA. It was subsequently published in the Journal of the Canadian Dental Association, Volume 12, 1983.

The membership of A.P.C. numbered 103 prosthodontists in September, 1983. Three new members are anticipated by September, 1984. The Executive Council approved a recommendation from A.P.C.'s Continuing Education Committee that, "A.P.C. encourage its members to continually pursue knowledge relative to the specialty of Prosthodontics, but that mandatory requirements for continuing members in A.P.C. not be instituted at this time."

The Officers of A.P.C. for 1983/84 were approved as:

|                     |                 |
|---------------------|-----------------|
| President           | Dr. P. Sills    |
| President-Elect     | Dr. J. Anderson |
| Vice President      | Dr. B. Love     |
| Secretary/Treasurer | Dr. B. Graham   |
| Councillors         | Dr. B. Hoar     |
|                     | Dr. P. Helie    |
|                     | Dr. M. MacEntee |

The current membership of A.P.C.'s Standing Committee is:

|                              |                                            |
|------------------------------|--------------------------------------------|
| <u>Archives:</u>             | Love (Chairman), Hoffer, Lipkin            |
| <u>Clinical Practice:</u>    | Ptack (Chairman), Bridger, Shaffner, Tynio |
| <u>Constitution:</u>         | Chaytor (Chairman), Coulombe, Sutherland   |
| <u>Continuing Education:</u> | Rajczak (Chairman), Helie, Kline           |
| <u>Education:</u>            | Gaucher (Chairman), Bannerman, Harley      |



ASSOCIATION OF PROSTHODONTISTS OF CANADA

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Nominating:

Sills (Chairman), Love, Anderson

Research:

Watson (Chairman), Smith, MacEntee

Scientific Sessions:

Kramer (Chairman, 1984), Tynio, Currie,  
Gratton (Chairman, 1985), Donaldson

The 1984 Annual Meeting of A.P.C. will be held October 19th and 20th at the Westin Hotel in Toronto, including joint scientific sessions with the Canadian Academy of Prosthodontics. The Third Lorne E. MacLachlan Teaching Conference will precede the A.P.C. meeting on October 18th.

Respectfully submitted,

Dr. B. S. Graham,  
Secretary/Treasurer,  
Association of Prosthodontists  
of Canada.

ADOPTION OF REPORT:

The Report of the Ass  
Board of Governors, wit

*Canadian Dental Assoc.  
Transactions. 1984.*

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| TODAY'S DATE | NAME OF BORROWER |
|--------------|------------------|
| Oct. 10/85   | Rachele Muia     |
|              |                  |
|              |                  |
|              |                  |
|              |                  |
|              |                  |

**TRANSACTIONS**  
**of the Canadian Dental Association**

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**DÉLIBÉRATIONS**  
**de l'association dentaire canadienne**